

Commonwealth of Massachusetts.

No. 10#1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

of Otto Peter Zettler in the town of Southborough,  
 (Name of child) (City or town) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, Nov. 15, 1901  
 Name of child, Otto Peter Zettler  
 Sex, Male  
 Color, White  
 Condition (twin, &c.),  
 Place of birth, Southboro

Name of father, Benedict Zettler  
 Maiden name of mother, Agathe Eibeler  
 Residence of parents, Southboro  
 (at time the birth occurred.)  
 Occupation of father, Farmer  
 (at time the birth occurred.)  
 Birthplace of father, Germany  
 Birthplace of mother, Germany

SIGNATURE.

Benedict Zettler  
Agathe Zettler

RESIDENCE.  
 (City or town, street and number, if any.)  
Marlboro 106 Newton St  
Marlboro 106 Newton St

Relation to child, if any.  
 Father  
 Mother

Date, Southborough Nov. 12 1913

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Charles H. Newlon Clerk.  
 (City or town.)

Recorded  
 Of Southborough Mass.

# Certificate of Baptism



Church of  
St Anne  
Southboro

This is to Certify  
That Irene M. Evey  
Child of Michael M. Evey  
and Auxa Sullivan  
born in Southboro (CITY) Mass (STATE)  
on the 24<sup>th</sup> day of July 1901  
was Baptized  
on the 29<sup>th</sup> day of July 1901

According to the Rite of the Roman Catholic Church  
by the Rev. W. T. Tuxbury  
the Sponsors being Timothy Taley  
Debbie Sullivan

as appears from the Baptismal Register of this Church.

Dated June 10, 1966

James P. Kelly  
Pastor

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK  
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORDN. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual  
returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.  
See reverse side for affidavit.

25M-2-62-932278

1 **PLACE OF BIRTH**  
Worcester  
(County)  
Southborough  
(City or Town)

## The Commonwealth of Massachusetts

KEVIN H. WHITE  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSAFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. #1-#24  
Deposition No.

2 FULL NAME OF CHILD Ella Bertoloni

3 Sex F 4 (a) Twin, triplet or other. 5 Total number of children born  
3a Color W If plural Births (b) Number, in order of birth. alive previous to this birth. 6 Date  
of Birth March 11, 1902  
(Month) (Day) (Year)7 FATHER  
FULL NAME Caesar Bertoloni13  
MAIDEN NAME Theresa Repetti  
PRESENT NAME

8 RESIDENCE, NO. STREET

14  
RESIDENCE, NO. STREET

CITY OR TOWN Southborough STATE Mass.

CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White 10 AGE (YEARS)

15 COLOR OR RACE White 16 AGE (YEARS)

11 PLACE OF BIRTH Italy  
(City or Town) (State or Country)17 PLACE OF BIRTH Italy  
(City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT. (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received (Month) (Day) (Year) 21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
TOWN of Southborough, in accordance with the provisions of Gen. Laws,  
(City or Town) (Name of City or Town)Chapter 46, Section 13, this 6th day of January 1967, and a copy of these corrections and affidavit  
has been transmitted to the Secretary of the Commonwealth.Elouise F. Burke  
(Registrar)

# DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of Worcester

} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Ella Bertolini ..... in the Town of Southborough .....  
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  
does not fully and correctly state last name of child, last name of father  
last name of mother

Item(s) 2, 7, 13, and that the true statement of facts omitted or incorrectly stated in  
said record has been supplied by her on the form of certificate on the other side of this blank.  
(Him or her)

## SIGNATURE

Ella Bertolini, mother

## RESIDENCE

(City or town, street and number, if any)

138 Arthur St, Framingham, Mass

## Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was:

Baptismal certificate

Then personally appeared before me the person whose signature appear above and made oath  
that the statements subscribed to by her are true.

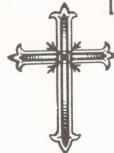
Date, January 6, 1967

Name Cleonene T Burke  
Official designation Town Clerk  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

# Certificate of Baptism



Church of  
St. Anne  
Southard

← This is to Certify →

That Ella Bertoloni  
Child of Caesar Bertoloni  
and Teresa Repetti  
born in Fayville (CITY) Mass (STATE)  
on the 11<sup>th</sup> day of March 1902

was Baptized  
on the 30<sup>th</sup> day of March 1902

According to the Rite of the Roman Catholic Church  
by the Rev. William T. Tysor  
the Sponsors being Francesca Repetti  
Melinda Bessi

as appears from the Baptismal Register of this Church.

Dated Jan 5, 1967

Thomas J. Gibney  
Pastor

No. 18

X

## The Commonwealth of Massachusetts

## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth  
 of Veresa Bertoline in the Town of Southborough  
 (Name of child.) (City or town.) (Name of city or town.)  
 does not fully and correctly state all the facts relating to said birth, and that the following is a  
 true statement of facts omitted or incorrectly stated in said record:—

Date of birth, March 11, 1902Name of father, Caesar BertolineName of child, Ella BertolineMaiden name of mother, Veresa RaffeddiSex, FemaleResidence of parents, Southborough  
(At time the birth occurred.)Color, WhiteOccupation of father, Labover  
(At time the birth occurred.)Condition (twin, &c.), SingleBirthplace of father, ItalyPlace of birth, SouthboroughBirthplace of mother, Italy

## SIGNATURE.

Caesar BertolineRESIDENCE.  
(City or town, street and number, if any.)Southboro

## Relation to child, if any.

MotherDate, July 9, 1918

Then personally appeared before me the person whose signature appears above and made  
 oath that the statements subscribed to by him are true.

Clerk.

(City or town.)

Recorded.....

Of.....

Mass.

No. 14#2

# The Commonwealth of Massachusetts

## DEPOSITION

### CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ruby Phyllis Hodge (Name of child.) in the town of Southborough (City or town.) (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, May 26. 1902

Name of father, Ernest C. Hodge

Name of child, Ruby Phyllis Hodge

Maiden name of mother, Grace Wetcup

Sex, Female

Residence of parents, Southborough Mass.  
(At time the birth occurred.)

Color, White

Occupation of father, Laborer  
(At time the birth occurred.)

Condition (twins, &c.),

Birthplace of father, Southborough

Place of birth, Southborough Mass.

Birthplace of mother, Southborough

#### SIGNATURE.

RESIDENCE.  
(City or town, street and number, if any.)

Relation to child, if any.

James Bacon M.D.

Southboro, Mass.

Date, Southborough Aug 1916

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Charles H. Newton town Clerk.  
(City or town.)

Recorded

Of Mass.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK  
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORDN. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual  
returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.  
See reverse side for affidavit.

25-N-11-59-92662

1 **PLACE OF BIRTH**  
 Worcester  
 (County)  
 Southborough  
 (City or Town)



The Commonwealth of Massachusetts  
**JOSEPH D. WARD**  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

(City or Town making this return)

Registered No. #3

Deposition No. #27

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTHSTREET ..... WARD {If birth occurred in a hospital or institution,  
(give its NAME instead of street and number)2 FULL NAME OF CHILD **Sereno William Johnson**

3 Sex	4 If plural Births	(a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color				Aug. 8, 1902 (Month) (Day) (Year)

## 7 FATHER

FULL NAME **James B. Johnson**MOTHER  
MAIDEN NAME **Lexy J. Campbell**  
PRESENT NAME8 RESIDENCE, NO. **Southborough** STREET  
(At time of birth or adoption)14 RESIDENCE, NO. STREET  
(At time of birth or adoption)CITY OR TOWN **Southborough** STATE **Mass.**CITY OR TOWN **Southborough** STATE **Mass.**9 COLOR OR RACE **White** 10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)15 COLOR OR RACE **White** 16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)11 PLACE OF BIRTH **Southborough** Mass.  
(City or Town) (State or Country)17 PLACE OF BIRTH **Nova Scotia**  
(City or Town) (State or Country)12 OCCUPATION **Farmer**  
(At time of birth or adoption)18 OCCUPATION  
(At time of birth or adoption)19 ATTENDANT AT BIRTH OR INFORMANT  
(Name) (Physician, parent or other, etc.)ADDRESS NO. ..... ST., .....  
(City or Town)20 Original Return Received **Jan. 5, 1903** 21 Original Record: Vol. ..... Page ..... No. ....22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
Town **Southborough** (Name of City or Town), in accordance with the provisions of Gen. Laws,  
(City or Town)Chapter 46, Section 13, this **21st** day of **August** **1968**, and a copy of these corrections and affidavit  
has been transmitted to the Secretary of the Commonwealth.

*Eleonora B. Burke* (Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of.....Worcester.....} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
William Sereno Johnson.....in the Town.....of Southborough.....,  
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by.....him.....on the form of certificate  
on the other side of this blank.  
(Him or her)

## SIGNATURE

*Serena William Johnson* 120 Northboro Rd

## RESIDENCE

(City or town, street and number, if any)

## Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was:  
Entry in family Bible.....

Date, August 21, 1968.....

Then personally appeared before me the person whose signature appear above and made oath  
that the statements subscribed to by.....him.....are true.

Name

*Reeser & Burke*

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

May 15, 1967

OLIVIA LOWRY  
Mrs. Gilbert Myra  
Lake Charolette  
Halifax Co.  
Nova Scotia, Canada

Dear Mrs. Myra:

Enclosed please find the following per your request:

Baptism certificate  
Letters from Rev. Cheney (2)  
Paper clipping.

Very truly yours,

Eleonora F. Burke, Town Clerk

EFB:b  
enc.

July 14, 1940.

Dear Olivia: -

Miss Elwell was here yesterday and told me of your marriage and of your request for a letter -

Please accept my congratulations and best wishes -

I am enclosing a letter which I think will meet your requirements and which you can give to the clergyman in charge of the church which you wish to attend. With best wishes to your mother and to you,

I am. Yours very truly,  
Robert F. Cheney.

July 15, 1940.

To whom it may concern:—

This is to certify that Olivia [Towray] Brown was baptized in St. Mark's Church, Southborough, Mass.; on March 22, 1903. She was confirmed in St. Mark's Church, March 9, 1917 by Bishop William Lawrence and was a communicant of this Parish until her removal to Nova Scotia. She is hereby recommended to the pastoral care of the minister in charge of any church which she may wish to attend.

Robert F. Cheney,  
Rector of St. Mark's Church,  
Southborough, Mass.

## JOHN LOWRY HEAT VICTIM

Southboro Resident Is  
Stricken; Dies Early  
Today

Southboro—John Lowry, 61, one of the best known men in town for the past quarter century janitor at Peters High school, died at his home on Walker street, of heat prostration, at 2 o'clock this morning. He was stricken during the recent heat spell and sank slowly until overtaken by death this morning.

Born in Greenock, Scotland, he came to this country when a lad 16 years of age. For many years he was gardener on the estate of the late Harry Burnett in the western section of the town. Twenty-five years ago he was appointed janitor at the high school building and was popular with both teachers and pupils.

Besides his widow, Mrs. Mary Lowry, he leaves a daughter, Miss Olivia Lowry both of this town. The funeral will be held from his late home at 2 o'clock, Friday afternoon, Rev. Robert F. Cheney, rector of St. Mark's church, will officiate. Interment will be in Rural cemetery.

\* In the Name of the Father and of the Son and of the Holy Ghost  
THIS CERTIFICATE IS MADE

Clara Dooley  
Was received into the Congregation of Christ's Church, by

HOLY BAPTISM

on the twenty-second day of October, A.D. 1843

Aug. 22d.

Chapel

of the

St. Paul's

Church

Spokane

Who took her

John Dooley

John Dooley

Wm. Dooley

Law Clerk,  
Southboro Mass.

Sept 19/66.

Dear Miss Burke:

I am sending some papers  
I hope they will help you  
they are old and if you  
would please send them back,  
and what ever the charge  
is let me no.

Thank you.

Yours truly

New Bedford Mass

OLIVIA LOWRY

April 3/67.

John Clark,  
Duxbury,  
Mass.

Dear Miss Park:

Could I have my papers I sent to  
you and thank you for your  
trouble.

Mrs G. D. Neysa  
Lake Harriet Club  
Brooklyn  
N.Y.

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

1 PLACE OF BIRTH  
Worcester  
(COUNTY)  
Southborough  
(CITY OR TOWN)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No. 8

Deposition No. #1

NO.

STREET

WARD

{ (If birth occurred in a hospital or institution,  
give its NAME instead of street and number)

2

FULL NAME OF CHILD *Wilbur Francis Hosmer*

3

Sex *M*

4

(a) Twin, triplet or other

✓

3a Color *W*If plural  
Births

(b) Number, in order of birth

✓

5 Born ALIVE or STILLBORN

alive

6

Date

of Birth

*March 26 1903*

(MONTH)

(DAY)

(YEAR)

7

FATHER

FULL  
NAME*Irving Sylvester Hosmer*

13

MAIDEN  
NAMEPRESENT  
NAME

MOTHER

*Nellie Agnes Taunay**Nellie Agnes Hosmer*

8

RESIDENCE, NO.

Main

STREET

CITY OR TOWN

Southboro

STATE Mass

9

COLOR  
OR RACE

W

10

AGE AT LAST  
BIRTHDAY

70

(YEARS)

11

PLACE  
OF BIRTH

Southboro

(STATE OR COUNTRY) Mass

12

OCCUPATION

Farmer

14

RESIDENCE, NO.

Main

STREET

CITY OR TOWN

Southboro

STATE Mass

15

COLOR  
OR RACE

W

16

AGE AT LAST  
BIRTHDAY

69

(YEARS)

17

PLACE  
OF BIRTH

Liverpool, England

(STATE OR COUNTRY)

18

OCCUPATION

Housewife

19

ATTENDANT AT BIRTH OR INFORMANT

*Dr. L. P. Jones - physician*

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS NO.

STREET

*Marlboro*

(CITY OR TOWN) Mass

20 Original return received

April

(Month)

10 - 1903

(Day)

(Year)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
*Southboro* of *Southboro*, in accordance with the provisions of Gen. Laws,  
 (City or town) (Name of city or town)

Chapter 46, Section 13, this day of *September*, and a copy of these corrections and affidavit  
 has been transmitted to the Secretary of the Commonwealth.

*Am. 25 Oct 1903*  
*Am. 25 Oct 1903*

(Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of William J. Hosmer in the town of Southborough,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by him on the form of certificate  
(Him or her)  
on the other side of this blank.

SIGNATURE

Irving S. Hosmer

RESIDENCE

(City or town, street and number, if any)

Main St. - Southboro

Relation to child, if any

Father

Nellie A. Hosmer

Main St. - Southboro

Mother

FURTHER, The written evidence submitted to substantiate the affidavit was:

Date,

October 8 - 1940

Then personally appeared before me the person whose signatures appear above and made  
oath that the statements subscribed to by them are true.

Name.

Cumberland & Saunbaba

Official designation

Town Clerk

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

1 PLACE OF BIRTH  
Worcester  
(COUNTY)  
Southboro  
(CITY OR TOWN)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

Southboro  
(CITY OR TOWN MAKING THIS RETURN)

Registered No. 13

Deposition No. 21 A.  
#2

NO.

Pleasant

STREET

WARD

{ If birth occurred in a hospital or institution,  
give its NAME instead of street and number

2 FULL NAME OF CHILD

John August Bauer

3 Sex 4 (a) Twin, triplet or other  
3a Color If plural Births (b) Number, in order of birth

5 Born ALIVE or STILLBORN

6 Date  
of Birth

(MONTH) (DAY) (YEAR)

7 FULL NAME  
FATHER

Frederick Bauer

8 RESIDENCE, NO. Pleasant St. STREET

CITY OR TOWN Southboro STATE Mass

9 COLOR OR RACE wh 10 AGE AT LAST BIRTHDAY (YEARS)

11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION labor

19 SIGNATURE OF ATTENDANT AT BIRTH Mary Main (NAME)

ADDRESS NO. Pleasant St

13 MAIDEN NAME Julia Eagan PRESENT NAME Julia Barr

14 RESIDENCE, NO. Pleasant St. STREET

CITY OR TOWN Southboro STATE Mass

15 COLOR OR RACE wh 16 AGE AT LAST BIRTHDAY (YEARS)

17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION —

(PHYSICIAN, PARENT OR OTHER, ETC.)

Southboro Arkland Mass

20 Original return received July 1 1943 (Month) (Day) (Year)

21 Original Record: Vol. 5 Page 5 No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
of Southboro, in accordance with the provisions of Gen. Laws,  
(City or town) (Name of city or town)

Chapter 46, Section 13, this 22<sup>nd</sup> day of November 1937, and a copy of these corrections and affidavit

Is correction made under  
provisions of Chap. 281, Acts of 1925?

Con. 6-Santa Fe

(Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Wellesley } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Primo Almundo Bonnard in the Tun of South Grafton,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by her on the form of certificate  
(Him or her) on the other side of this blank.

SIGNATURE

RESIDENCE

Relation to child, if any

<u>Mary</u>	<u>Maria Almundo</u> <u>Plaza at No. 5 South Grafton</u>	<u>Daughter</u>

FURTHER, The evidence submitted to substantiate the affidavit was:

Personal knowledge of all the facts

Is correction made under the provisions of Chap. 281 of the Acts of 1925?.....

Date,..... Wellesley 22-1937

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by her are true.

Name. C. G. Grafton

Official designation. Tun Clerk

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record.

IX

## Commonwealth of Massachusetts.

No. .... RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth, . . . . .

June 13 1903

Full Name of Child, . . . . .

Breus Alfreda Bovinaire

Sex, Color and if Twin, . . . . .

Male White

Place of Birth, . . . . .

Fayville Mass (Southboro)

Full Name of Father, . . . . .

Fred Bovinaire

Maiden Name of Mother, . . . . .

Julia Eazne

Residence of Parents, . . . . .

Fayville Mass

Occupation of Father, . . . . .

Farmer

Birthplace of Father, . . . . .

Palma Italy

Birthplace of Mother, . . . . .

Pianezze Italy

Dated at

June 14 1903 190

Signature and residence  
of person making return.{ Dey Wood MD  
Ashland Mass

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

1 PLACE OF BIRTH Worcester  
(County)  
Southborough  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

Southborough  
(City or Town making this return)

Registered No. ....  
Deposition No. #3

NO. .... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD. Ida Antonia Cherubini

3 Sex F	4 If plural Births	(a) Twin, triplet or other .....	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color		(b) Number, in order of birth.....	alive.....	Sept. 4, 1903 (Month) (Day) (Year)

## 7 FATHER

FULL NAME  
ANTONIO CHERUBINI

8 RESIDENCE, NO. .... STREET  
(At time of birth or adoption)  
CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION 31 (YEARS)

11 PLACE OF BIRTH Gattolengo, Italy  
(City or Town) (State or Country)

12 OCCUPATION Laborer  
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Dr. Baker

13 MOTHER  
MAIDEN NAME MARIA LUCETTI  
PRESENT NAME MARIA CHERUBINI

14 RESIDENCE, NO. .... STREET  
(At time of birth or adoption)  
CITY OR TOWN Southborough STATE Mass.

15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION 28 (YEARS)

17 PLACE OF BIRTH Gattolengo, Italy  
(City or Town) (State or Country)

18 OCCUPATION Housewife  
(At time of birth or adoption)

ADDRESS NO. .... ST. ....  
(City or Town)

20 Original Return Received Sept 5 1903  
(Month) (Day) (Year)

21 Original Record: Vol. 3 Page 5 No. 23

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ...  
Southborough of ...  
(City or Town) (Name of City or Town), in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this. .... day of ..... 19...., and a copy of these corrections and affidavit  
has been transmitted to the Secretary of the Commonwealth.

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Jenni Chalabrini in the Town of Southborough  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by her on the form of certificate  
on the other side of this blank.  
(Him or her)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

SIGNATURE

Antonio Chalabrini  
+ maria Chalabrini

RESIDENCE (City or town, street and number, if any)	Relation to child, if any
19 Curran St. Clinton, Mass	Father
" " " " "	Mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

copy of Baptismal record from ST. John's Church  
in Clinton, Mass.

Date, January 21, 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by them are true.

Name

August P. Bonagoli

Notary Public

Official designation

(City or town clerk, assistant clerk, or registrar)

My Commission Expires Dec. 16, 1945

1 **PLACE OF BIRTH** *USA* (CITY OR TOWN) 

2 **STREET** *Southborough* **WARD** { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3 **Sex** *M* 4 **(a) Twin, triplet or other** **5 Born ALIVE or STILLBORN** *alive* **6 Date of Birth** *June 19 1903* (MONTH) (DAY) (YEAR)

3a **Color** *W* **(b) Number, in order of birth**

7 **FATHER**  
**FULL NAME** *Hathan F. Smith*

8 **RESIDENCE, NO.** *10* **STREET** **(AT TIME OF BIRTH OR ADOPTION)**

9 **CITY OR TOWN** *Southborough* **STATE** *Mass* **AGE AT TIME OF BIRTH OR ADOPTION** *35* (YEARS)

10 **COLOR OR RACE** *White* **AGE AT TIME OF BIRTH OR ADOPTION** *35* (YEARS)

11 **PLACE OF BIRTH** *Southborough* **STREET** **(CITY OR TOWN)** *Mass* **(STATE OR COUNTRY)**

12 **OCCUPATION** *Sabour* **(AT TIME OF BIRTH OR ADOPTION)**

13 **MOTHER**  
**MAIDEN NAME** *Abigail C. Hennick* **PRESENT NAME** *Abigail S. Smith*

14 **RESIDENCE, NO.** *10* **STREET** **(AT TIME OF BIRTH OR ADOPTION)**

15 **CITY OR TOWN** *Jayville* **STATE** *Mass* **AGE AT TIME OF BIRTH OR ADOPTION** *31* (YEARS)

16 **COLOR OR RACE** *White* **AGE AT TIME OF BIRTH OR ADOPTION** *31* (YEARS)

17 **PLACE OF BIRTH** *Ston* **STREET** **(CITY OR TOWN)** **(STATE OR COUNTRY)**

18 **OCCUPATION** *Housewife* **(AT TIME OF BIRTH OR ADOPTION)**

19 **Attendant at birth or informant** *Doc Bacon* **(NAME)** **(PHYSICIAN, PARENT OR OTHER, ETC.)** *Southborough* **(CITY OR TOWN)**

20 **Address No.**

21 **Original Record: Vol.** **Page** **No.**

22 **The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the** *of* **(CITY OR TOWN)** **(NAME OF CITY OR TOWN)**, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this **day of** *19*, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

**(REGISTRAR)**

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Gladys Phoebe Smith in the of Southborough,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by her on the form of certificate  
(Him or her) on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any <i>mother</i>

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the  
affidavit was:

Given to Dock Bacon

Date, June 1903

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by \_\_\_\_\_ are true.

Name \_\_\_\_\_

Official designation \_\_\_\_\_  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

See reverse side for affidavit.

1 PLACE OF BIRTH (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS					
		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH					
Southborough		Southborough (CITY OR TOWN MAKING THIS RETURN)					
NO. _____		STREET		WARD		{ If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Gladys Phoebe Smith							
3 Sex Fe		4 (a) Twin, triplet or other. one If plural Births (b) Number, in order of birth		5 Born ALIVE or STILLBORN alive		6 Date of Birth June 19, 1903. (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Nathan F. Smith		MOTHER Abigail Merrick Smith					
8 RESIDENCE, NO. _____ STREET (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN Southborough STATE Mass		14 RESIDENCE, NO. _____ STREET (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN Southborough STATE Mass					
9 COLOR OR RACE White		10 AGE AT TIME OF BIRTH OR ADOPTION 34 (YEARS)					
11 PLACE OF BIRTH Southborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)		16 COLOR OR RACE White AGE AT TIME OF BIRTH OR ADOPTION 30 (YEARS)					
12 OCCUPATION Laborer (AT TIME OF BIRTH OR ADOPTION)		17 PLACE OF BIRTH Stow Mass. (CITY OR TOWN) (STATE OR COUNTRY)					
19 Attendant at birth or informant _____ (NAME)		18 OCCUPATION Housewife (AT TIME OF BIRTH OR ADOPTION)					
Address No. _____ St. Southborough Mass (CITY OR TOWN)		M. D. (PHYSICIAN, PARENT, OR OTHER, ETC.)					
20 Original return received _____ (MONTH) (DAY) (YEAR)		21 Original Record: Vol. _____ Page. _____ No. _____					
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Clerk Town of Southborough (CITY OR TOWN) (NAME OF CITY OR TOWN)		, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this day of _____, 19_____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of \_\_\_\_\_ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Gladys Behr Smith in the Town of Southborough,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by her on the form of certificate  
on the other side of this blank.

**SIGNATURE**

Angie B Smith

**RESIDENCE**

(City or town, street and number, if any)

Hilson road  
Southborough

**Relation to child, if any**

Mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the  
affidavit was:

Mother's statement.

Date,

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by her are true.

Name

Official designation

(City or town clerk, assistant clerk, or registrar)

**MARGIN RESERVED FOR BINDING**

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

## I PLACE OF BIRTH

County of Worcester

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(Issued under the provisions of Revised Laws, Chap. 29, Sec. 14)

City or  
Town of SouthboroughRegistered No. \_\_\_\_\_ Deposition No. #7

No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2 FULL NAME OF CHILD

Edward Lawrence Spurr

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other? <u>7</u> (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born	6 Date of birth <u>Oct 3<sup>rd</sup></u> (Month) <u>1903</u> (Year)
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## FATHER

7 FULL NAME Harry Beard Spurr

9 RESIDENCE NO. Northboro Road ST. Southborough Mass  
(At time the birth occurred)

11 COLOR OR RACE white 12 AGE AT LAST BIRTHDAY 27 YEARS  
(At time the birth occurred)

15 BIRTHPLACE Yorkbrook Mines Nova Scotia (City or town) (State or country)

17 OCCUPATION Farmer  
(At time the birth occurred)

## MOTHER

8 FULL NAME BEFORE MARRIAGE Eva Annie Byard

10 RESIDENCE NO. Northboro Road ST. Southborough Mass  
(At time the birth occurred)

13 COLOR OR RACE white 14 AGE AT LAST BIRTHDAY 24 YEARS  
(At time the birth occurred)

16 BIRTHPLACE Perse Vermont  
(City or town) (State or country)

18 OCCUPATION Housewife  
(At time the birth occurred)

## 19 Attendant at birth or informant

(If there was no physician or midwife attendant, draw line through "attendant at birth or")

(Name)

(Physician, midwife, father, or other)

Address No. MechanicSt. Marlboro Mass  
(City or town)Dr E H Ellis

## 20 Original return received

(Month) (Day) (Year)

## 21 Original Record: Vol. \_\_\_\_\_

Page \_\_\_\_\_ No. \_\_\_\_\_

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Jan of Southborough, in accordance with the provisions of Revised Laws, Chapter 29, Section 14, this 20<sup>th</sup> day of November 1927, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Cum. H. Eastbrugh  
City or town clerk or registrar

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Worcester

} ss:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Edward Lawrence Spurr in the town of Southborough  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by Him on the form of certificate on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Harry Beard Spurr

Northboro Road Southboro

Father

Eva Annie Spurr

Northboro Road Southboro

Mother

Date, Southborough, Nov. 20-1922

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by Him are true.

Name

C. L. Fairbanks

Official designation

Town Clerk

(City or town clerk or assistant clerk, notary public, or other officer authorized to administer oaths for general purposes)

I, the record relating to a birth \*\*\* does not contain all the required facts, or if it does not correctly state therein, the city or town clerk shall receive an affidavit containing the facts required for record. If made by a person who was required by law to furnish the information for the original record, or, at the discretion of the city or town clerk, by one or more credible persons having knowledge of the case. He shall file such affidavit and record it \*\*\* and forthwith, if a copy of the record has been sent to the secretary a certified copy of the corrected record \*\*\*. Rev. Laws, Chap. 29, Sec. 14.

MARGIN RESERVED FOR BINDING

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK

TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-11-59-928662

1 PLACE OF BIRTH Worcester  
(County)

Southborough  
(City or Town)



The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. ....

Deposition No. ....

#15 #1

STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Rose Bonazzoli

3 Sex F 4 { (a) Twin, triplet or other...  
3a Color W If plural Births { (b) Number, in order of birth.

5 Born ALIVE or STILLBORN

6 Date  
of Birth March 31, 1904  
(Month) (Day) (Year)

7 FATHER

FULL NAME Charles Bonazzoli

MOTHER

Catherine Brichini

8

RESIDENCE, NO. STREET

(At time of birth or adoption)

CITY OR TOWN Southborough STATE Mass.

13

MAIDEN  
NAME  
PRESENT  
NAME

14

RESIDENCE, NO. STREET

(At time of birth or adoption)

CITY OR TOWN Southborough STATE Mass.

9

COLOR  
OR RACEWhite AGE AT TIME OF BIRTH  
OR ADOPTION (YEARS)

15

COLOR  
OR RACEWhite AGE AT TIME OF BIRTH  
OR ADOPTION (YEARS)

11

PLACE  
OF BIRTH

Italy (City or Town) (State or Country)

17

PLACE  
OF BIRTH

Italy (City or Town) (State or Country)

12

OCCUPATION

Laborer (At time of birth or adoption)

18

OCCUPATION

(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received

December 31, 1904  
(Month) (Day) (Year)

21 Original Record: Vol. .... Page .... No. ....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Southborough  
(City or Town)

of (Name of City or Town)

Town

Chapter 46, Section 13, this 3rd day of August 1904, and a copy of these corrections and affidavit

Elmer S. Burke  
(Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Rosa Bonazola in the Town of Southborough,  
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by her on the form of certificate  
on the other side of this blank.

SIGNATURE

Rosa Bonazzoli Burke

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

174 Pope St. Woburn

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was: Baptismal record

Date, August 3, 1962

Then personally appeared before me the person whose signature appear above and made oath  
that the statements subscribed to by her are true.

Name

Eleonore + Burke

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

Matt. 28-19

## The Holy Sacrament of Baptism

This is to Certify

That

The Son

The Daughter

and

born in

was Baptized on

and

according to the Rite of the Roman Catholic Church

by Rev.

Sponsors were

and

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

Symbol—The fishes, or souls of the faithful, seek Baptism at font, then enter basket, or Church.

Form No. 56

© Benziger Brothers, Inc., 1950

Made in U.S.A.

# NOTATIONS



FIRST COMMUNION {

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CONFIRMATION {

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MARRIAGE {

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SUBDIACONATE {

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RELIGIOUS PROFESSION {

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## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.  
See reverse side for affidavit.

1 PLACE OF BIRTH NO.		Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or Town making this return)	
		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. ....	
		STREET .....		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD..... Edward Carlisle Choate .....					
3 Sex Male		4 If plural Births		5 Born ALIVE or STILLBORN Alive .....	
3a Color White		(a) Twin, triplet or other .....		6 Date of Birth Dec. 29th 1904 (Month) (Day) (Year)	
7 FATHER					
FULL NAME Edward Carlisle Choate .....					
8 RESIDENCE, NO. .... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass. ....					
9 COLOR OR RACE White		10 AGE AT TIME OF BIRTH OR ADOPTION..... (YEARS)		13 MAIDEN NAME..... PRESENT NAME.....	
14 RESIDENCE, NO. .... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass. ....					
11 PLACE OF BIRTH Cambridge, Mass. .... (City or Town)		15 COLOR OR RACE White		16 AGE AT TIME OF BIRTH OR ADOPTION..... (YEARS)	
17 PLACE OF BIRTH Lewiston, Maine (City or Town)					
18 OCCUPATION..... Farmer .....					
19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)					
ADDRESS NO. .... ST. .... (City or Town)					
20 Original Return Received..... (Month) (Day) (Year)			21 Original Record: Vol. .... Page. .... No. ....		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the..... ..... of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws, (City or Town)					
Chapter 46, Section 13, this..... day of..... 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					
(Registrar)					

## DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
 State of Florida  
 County of Escambia

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Montgomery Choate in the Town of Southborough,  
 (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
 does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by Him on the form of certificate (Him or her) on the other side of this blank.

## SIGNATURE

Edward C. Choate

RESIDENCE  
 (City or town, street and number, if any)

Milton, Fla

## Relation to child, if any

I am that child

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Certificate.

Date, Sept. 28th. 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name.

P.B. Maynard

Official designation.

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

ST. MARK'S RECOVERY  
SOUTHBOROUGH, MASS.

March 31, 1942.

To whom it may concern:—

This is to certify that the baptism of Edward Choate is recorded as follows in the Parish Register of St. Mark's Church, Southborough, Mass.

Place and date of Baptism.

St. Mark's Church, Southborough,

Aug. 20, 1905.

Christian name

Edward

Surname

Choate

Place and date of Birth

Southborough, Mass. Dec. 29, 1905.  
(Correct date 1904)

Parents

Edward Choate  
Gertrude Matal

Witnesses or Sponsors

Charles F. Choate, Jr.

John T. Bennett

Mrs. Nathaniel Bowditch

Officiating minister

George R. Hazard

Robert F. Cheney.

Rector of St. Mark's Church

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

1 PLACE OF BIRTH  
Worster  
Southboro  
(CITY OR TOWN)The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No. \_\_\_\_\_

Deposition No. #6

NO. Southville

STREET

WARD

{ If birth occurred in a hospital or institution,  
give its NAME instead of street and number }

2 FULL NAME OF CHILD

Emerigo Michael J. Lepore

3 Sex **Male** 4 (a) Twin, triplet or other \_\_\_\_\_  
3a Color **white** If plural Births (b) Number, in order of birth \_\_\_\_\_

5 Born ALIVE or STILLBORN

6 Date

of Birth

Dec.

8

1905

(MONTH)

(DAY)

(YEAR)

7 FATHER

FULL NAME

Domenico Lepore

8

RESIDENCE, NO.

CITY OR TOWN

(AT TIME OF BIRTH OR ADOPTION)

STREET

STATE

CITY OR TOWN

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of \_\_\_\_\_

} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

*Amelio Lipni*

(Give name of child exactly as recorded on the original record)

in the Town of Southboro

(City or town)

(Name of city or town)

does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by \_\_\_\_\_ on the form of certificate  
(Him or her)  
on the other side of this blank.

SIGNATURE

*Elisabetta Lefore*

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

*Mother*

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

*Baptismal Record.*

Date,

*May 8, 1941*

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

*Maryanne F. McDonald*

Official designation

*Asst Town Clerk*  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

# Baptismal Certificate

CHURCH OF

St Anne's  
Southboro, Mass

Name Emeigo Lepore

Child of Dominic Lepore

and Elizabeth Fallovalta

Born Dec 8 1905

was Baptized Aug 5 1906

According to the Rite of the Roman Catholic Church

By Rev. James J. Farrell

Sponsors { Pelina Carmenato  
Philomena Salernes

As appears from the Baptismal Register of this Church.

Dated May 7 1941

Rev. Thos J. Price  
Rector

## MARGIN RESERVED FOR BINDING

**WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD**  
 N.B. This form is not necessary in the return of births received prior to the last day  
 for transmittal of annual returns to this office.

See reverse side for affidavit.

**The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 AFFIDAVIT AND CORRECTION  
 OF A RECORD OF BIRTH**

1 PLACE OF BIRTH	(COUNTY)		(CITY OR TOWN)		(CITY OR TOWN MAKING THIS RETURN)		
NO.		STREET		WARD		{ If birth occurred in a hospital or institution, give its NAME instead of street and number }	
2 FULL NAME OF CHILD		Joseph Baneri		6 Date of Birth		July 31, 1905	
3 Sex male		4 If plural If plural 3a Color white		5 Born ALIVE or STILLBORN		(MONTH) (DAY) (YEAR)	
7 FULL NAME		FATHER		13 MAIDEN NAME		MOTHER	
Alfred Baneri		8 RESIDENCE, NO.		Julia Igni		Julia Baneri	
Pleasant		(AT TIME OF BIRTH OR ADOPTION)		14 RESIDENCE, NO.		Pleasant	
CITY OR TOWN Fayville		STREET Mass.		(AT TIME OF BIRTH OR ADOPTION)		CITY OR TOWN Fayville	
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH OR ADOPTION 34 (YEARS)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH OR ADOPTION 28 (YEARS)	
11 PLACE OF BIRTH Pleasant		Italy		17 PLACE OF BIRTH Piacenza, Italy		18 OCCUPATION Housewife	
(CITY OR TOWN)		(STATE OR COUNTRY)		(CITY OR TOWN)		(STATE OR COUNTRY)	
12 OCCUPATION Laborer		(AT TIME OF BIRTH OR ADOPTION)		(NAME)		(PHYSICIAN, PARENT OR OTHER, ETC.)	
19 Attendant at birth or informant Dr. Wood		(NAME)		St., Hopkinton		Mass.	
Address No.		(CITY OR TOWN)		(CITY OR TOWN)		(CITY OR TOWN)	
20 Original return received		(MONTH)	(DAY)	(YEAR)	21 Original Record: Vol. 1905 Page 9 No.		9
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the		(NAME OF CITY OR TOWN)		(NAME OF CITY OR TOWN)		, in accordance with the provisions of Gen. Laws,	
Southborough		Southborough		, in accordance with the provisions of Gen. Laws,		1942, and a copy of these corrections and affidavit	
Chapter 46, Section 13, this 20th day of November		, has been transmitted to the Secretary of the Commonwealth.		(NAME OF CITY OR TOWN)		(REGIST)	

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of \_\_\_\_\_ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Joseph Frederick Buzzaria the Town of Fayville, Mass.,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by \_\_\_\_\_ on the form of certificate  
on the other side of this blank.  
(Him or her)

SIGNATURE

Mary L. Bauld

RESIDENCE

(City or town, street and number, if any)

Pleasant St., Fayville  
Mass.

Relation to child, if any

Sister

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the  
affidavit was: Baptismal record.

Date,

November 20, 1942

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by her are true.

Name

Mary L. Bauld

Official designation

ant town clerk  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

# Baptismal Certificate

CHURCH OF

St Anne

Southboro, Mass

Name Joseph Baveri

Child of Alfred Baveri

and Julia Ezeni

Born Aug 31 1905

was Baptized Oct 1 1905

According to the Rite of the Roman Catholic Church

By Rev. James Tyrrell

Sponsors { Seraphina Morini  
Rosina Mitchell

As appears from the Baptismal Register of this Church.

Dated Nov. 19 1942

W. R. Brophy

Rector

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m-(c)-1-45-15510

FORM R-7

1 PLACE OF BIRTH Worcester  
(County)  
Southboro  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. ....

Deposition No. #5

NO. .... STREET ..... WARD { If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Mildred Beatrice Hodge

3 Sex <input checked="" type="checkbox"/>	4 If plural Births { (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color <input checked="" type="checkbox"/>	(b) Number, in order of birth	Alive	Aug. 7 1905

7 FATHER

FULL NAME Ernest C. Hodge

13 MAIDEN NAME Grace Wallrup  
PRESENT NAME Grace Hodge (Second)

MOTHER

8 RESIDENCE, NO. Frentis STREET  
(At time of birth or adoption)  
CITY OR TOWN Southboro STATE Mass

14 RESIDENCE, NO. Frentis STREET  
(At time of birth or adoption)  
CITY OR TOWN Southboro STATE Mass

9 COLOR OR RACE  10 AGE AT TIME OF BIRTH OR ADOPTION 33 (Years)

15 COLOR OR RACE  16 AGE AT TIME OF BIRTH OR ADOPTION 31 (Years)

11 PLACE OF BIRTH Southboro Mass.  
(City or Town) (State or Country)

17 PLACE OF BIRTH Southboro Mass.  
(City or Town) (State or Country)

12 OCCUPATION Jobbing  
(At time of birth or adoption)

18 OCCUPATION Housewife  
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO. \_\_\_\_\_ ST., \_\_\_\_\_

(City or Town)

20 Original Return Received / (Month) (Day) (Year)

21 Original Record: Vol. 3 Page 9 No. 22

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
Town of Southborough, in accordance with the provisions of Gen. Laws,  
(City or Town) (Name of City or Town)

Chapter 46, Section 13, this 23rd day of September 1952, and a copy of these corrections and affidavit  
has been transmitted to the Secretary of the Commonwealth.

John J. Palen  
(Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }  
County of Wellesley } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Ethel Hodge in the town of Southboro,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by him on the form of certificate  
(Him or her) on the other side of this blank.

## SIGNATURE

Ernest C Hodge

## RESIDENCE

(City or town, street and number, if any)

12 E. Chestnut St Sharon

## Relation to child, if any

Father

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was:

Date, Sept 10, 1952

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by him are true.

Name Arthur E. Glavis

Official designation town clk. Sharon  
(City or town clerk, assistant clerk, or registrar)

Mrs.

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Commonwealth of Massachusetts.

No. 28 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Thiobred Misner in the town of Southborough,  
 (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>June 21-1905</u>	Name of father, <u>Charles O Misner</u>
Name of child, <u>Hazel Elizabeth Misner</u>	Maiden name of mother, <u>Lilly Reynolds</u>
Sex, <u>Female</u>	Residence of parents, <u>Southborough</u> <small>(at time the birth occurred.)</small>
Color, <u>White</u>	Occupation of father, <u>Foreman - St Marks School</u> <small>(at time the birth occurred.)</small>
Condition (twin, &c.), <u>-</u>	Birthplace of father, <u>Nova Scotia</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Nova Scotia</u>

SIGNATURE.

Charles O Misner

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Father

Date, September 25-1926

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by Linn are true.

C. L. Farnsworth

(City or town.)

Clerk.

Recorded

Of Southborough

Mass.

## MARGIN RESERVED FOR BINDING

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1 PLACE OF BIRTH  
**Suffolk**  
 (County)  
**Boston**  
 (City or Town)



The Commonwealth of Massachusetts

KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

No. .... STREET ..... WARD {If birth occurred in a hospital or institution, give its NAME instead of street and number)

Helen Frances Butler

2 FULL NAME OF CHILD.

3 Sex <b>F</b>	4 { (a) Twin, triplet or other.	5 Total number of children born	6 Date
3a Color <b>W</b>	If plural Births { (b) Number, in order of birth.	alive previous to this birth	of Birth <b>March 9, 1905</b>
			(Month) (Day) (Year)

7 **FATHER**

FULL NAME **Dearborn J. Butler**

13 **MOTHER**

MAIDEN NAME **Delia G. McDonough**  
 PRESENT NAME **Delia G. Butler**

8 RESIDENCE, NO.

STREET  
 CITY OR TOWN **Southborough** STATE **Mass.**

14 RESIDENCE, NO.

STREET  
 CITY OR TOWN **Southborough** STATE **Mass.**

9 COLOR

**White**

10

AGE ..... (YEARS)

11 PLACE

OF BIRTH **Wakefield, N.H.**

(City or Town) (State or Country)

15 COLOR

**White**

16

AGE ..... (YEARS)

17 PLACE

OF BIRTH **Southborough, Mass**

(City or Town) (State or Country)

12 OCCUPATION

**Farmer**

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received

**Feb. 1, 1906**

(Month) (Day) (Year)

21 Original Record: Vol. .... Page ..... No. ....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the **Southborough** of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws,

(City or Town) of ..... (Name of City or Town)

Chapter 46, Section 13, this **1st** day of **February** **19 65**, and a copy of these corrections and affidavit

has been transmitted to the Secretary of the Commonwealth.

*Reasner* → *Burke*

(Registrar)

Southborough

(City or Town making this return)

Registered No. ....

Deposition No. ....

#2  
#17

# DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Butler ..... in the Town of Southborough .....  
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  
does not fully and correctly state first name, middle initial and proper  
maiden name of mother

Item(s) 2 & 13 ..... and that the true statement of facts omitted or incorrectly stated in  
said record has been supplied by her ..... on the form of certificate on the other side of this blank.  
(Him or her)

## SIGNATURE

## RESIDENCE

## Relation to child, if any

(City or town, street and number, if any)

Helen Frances Butler Donahue Boston Road

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was: Certificate of Baptism

Then personally appeared before me the person whose signature appear above and made oath  
that the statements subscribed to by her ..... are true.

Date, February 1, 1965

Name Eleanor F. Burke

Official designation Town Clerk  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

# Certificate of Baptism

Certificate of Baptism #2 (Synod VII, 101, §2)



Church of

St. Anne

Southborough, Mass.

Name Helen Frances Butler

Father's Name Dearborn J. Butler

Mother's Maiden Name Delia G. McDonough

Date of Birth March 9, 1905, Boston, Mass.

Date of Baptism April 2, 1905

Sponsors at Baptism Austin McDonough

Mary Fox

Place of Baptism St. Anne's Church, Southboro

Minister of Baptism James Tyrrell

Notations from Baptismal Register

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(Signed) Rev. Richard E. Keville

L. S.

Richard Keville

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.

1 PLACE OF BIRTH Worcester  
(County)  
Southborough  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. ....

Deposition No. #1

NO. .... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD *Federick James Weazole Reale*

3 Sex <b>m</b>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color <b>w</b>		(b) Number, in order of birth	<i>alive</i>	Jan. 19, 1905 (Month) (Day) (Year)

## 7 FATHER

FULL NAME

*Federick Austin Reale*

8 RESIDENCE, NO. ....

STREET  
(At time of birth or adoption)CITY OR TOWN *Southborough*STATE *mass.*

9 COLOR OR RACE

*white*10 AGE AT TIME OF BIRTH  
OR ADOPTION *19* (YEARS)

11 PLACE OF BIRTH

*Ashland, mass.*  
(City or Town), (State or Country)

12 OCCUPATION

*Printer*  
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

*mrs. Valade, mrs. Wood*  
(Name) (Physician, parent or other, etc.)

ADDRESS NO. ....

ST. ....

(City or Town)

20 Original Return Received.....  
(Month) (Day) (Year)

21 Original Record: Vol. .... Page. .... No. ....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
*Town* of *Southborough*, in accordance with the provisions of Gen. Laws, (Name of City or Town)Chapter 46, Section 13, this *11th* day of *July*, *1944*, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. (Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Rebel in the Town of Southborough  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by her on the form of certificate  
(Him or her) on the other side of this blank.

SIGNATURE

Mrs. William E. Varnum

RESIDENCE  
(City or town, street and number, if any)

Brookfield, Mass.

Relation to child, if any

Aunt

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was:

Baptismal Certificate - Jan 19, 1905

Date, July 6, 1944

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by her are true.

Name Clyfford E. Goddard

Official designation Justice of the Peace  
(City or town clerk, assistant clerk, or registrar)

Commission expires March 29, 1951

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

1  
PLACE OF BIRTH  
Worcester  
(County)  
Southville  
(City or Town)

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. ....

Deposition No. ....

NO. .... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD. ....

Frederick James Wenzell Reale

3 Sex <b>boy</b>	4 If plural Births	(a) Twin, triplet or other .....	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color <b>W</b>		(b) Number, in order of birth. ....		Jan. 19. 1805

## 7 FATHER

FULL NAME

Frederick Austin Reale

8 RESIDENCE, NO. ....

Ashland STREET  
(At time of birth or adoption)

CITY OR TOWN. ....

Southville STATE. Mass.

9 COLOR

white  
French

11 PLACE OF BIRTH

Ashland Mass Worcester  
(City or Town) (State or Country)

12 OCCUPATION. ....

Printer  
(At time of birth or adoption)10 AGE AT TIME OF BIRTH  
OR ADOPTION. 19. (YEARS)

15 COLOR OR RACE. ....

## MOTHER

MAIDEN NAME  
PRESENT NAMEAgnes Theresa Valade  
Agnes Ross16 AGE AT TIME OF BIRTH  
OR ADOPTION. 19. (YEARS)

14 RESIDENCE, NO. ....

(At time of birth or adoption) STREET

CITY OR TOWN. ....

Southville STATE. Mass

17 PLACE OF BIRTH

Southville Mass Worcester  
(City or Town) (State or Country)

18 OCCUPATION. ....

weaver  
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT. ....

Mother Mrs Valade - Dr Wood  
(Name) (Physician, parent or other, etc.)

ADDRESS NO. .... ST. ....

Southville  
(City or Town)

20 Original Return Received. ....

(Month) (Day) (Year)

21 Original Record: Vol. .... Page. .... No. ....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the. ....

Town of Southville, in accordance with the provisions of Gen. Laws, (Name of City or Town)

Chapter 46, Section 13, this 11 day of July 1944, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts

ss.:

County of Worcester

The undersigned, being duly sworn, depose and say that the record relating to the birth of

in the.....of.....

(Give name of child exactly as recorded on the original record)

(City or town)

(Name of city or town)

does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.

SIGNATURE

Mrs. William E. Varnum

RESIDENCE

(City or town, street and number, if any)

Brookfield, Mass

Relation to child, if any

Aunt

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Recorded - Jan. 9, 1908

Date,

July 6, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Gifford E. Gadsden

Official designation

Judge of the Peace

(City or town clerk, assistant clerk, or registrar)

Commission expires March 29, 1951

MARGIN RESERVED FOR BINDING

Records can only be corrected, in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

# Certificate of Baptism



Church of  
St. Anne  
Southboro, Mass.

This is to Certify

That Frederick J. Reale

Child of Frederick Reale

and Agnes Valaide

Born in Southville on the

19th day of Jan 1905 was Baptized

on the 5th day of Feb 1905.

According to the Rite of the Roman Catholic Church

by the Rev. James Tyrrell

the Sponsors being Philomena Valaide

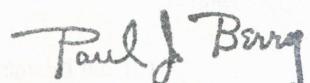
and

As appears from the Baptismal Register of this Church.

Dated May 26 1944

W. R. Brophy Pastor

PRINT  
LEGIBLY OR  
TYPE WITH  
PERMANENT  
BLACK INK.  
THIS IS A  
PERMANENT  
RECORD.

PLACE OF BIRTH		1A. COUNTY WORCESTER		1B. CITY/TOWN SOUTHBOROUGH		1C. FACILITY NAME—IF NOT IN FACILITY, NUMBER AND STREET		2A. CITY/TOWN MAKING RETURN SOUTHBOROUGH	
C	H	I			<b>The Commonwealth of Massachusetts</b> DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS <b>AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</b>		2B. REGISTERED NUMBER 2 2C. DEPOSITION NUMBER 03		
			NAME: 3A. FIRST ROSE		3B. MIDDLE		3C. LAST BIANCHI		6B. DATE OF BIRTH (Month, Day, Year) January 8, 1906
D	4A. SEX Female	5A. PLURALITY (Specify Single, Twin, etc.)	5B. BIRTH ORDER (If not single, Specify Order: First, Second, etc.)		6A. TIME —	M	7D. MAIDEN/BIRTH SURNAME Bina		
	4B. COLOR White	7A. FIRST Mary		7B. MIDDLE	7C. LAST Bianchi	10. AGE/DATE OF BIRTH —			
M	BIRTHPLACE	8A. CITY/TOWN Melino	8B. STATE / COUNTRY Italy	9. OCCUPATION —		12. COLOR / RACE —			
	RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address)	11B. CITY/TOWN —	11C. COUNTY Southborough	11D. STATE Ma	11E. ZIP CODE	14. COLOR / RACE —			
F	NAME: 13A. FIRST Peter	13B. MIDDLE	13C. LAST Bianchi		17. AGE/DATE OF BIRTH —				
	BIRTHPLACE	15A. CITY/TOWN Melino	15B. STATE/COUNTRY Italy	16. OCCUPATION Laborer		18B. TITLE <input checked="" type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH. RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER			
C	18A. TYPE <input type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY	19A. NAME Gilbert O. Noad M.D.		19A. LICENSE NUMBER —					
	20A. NO. & STREET —	20B. CITY/TOWN Ashland	20C. STATE Mass.	20D. ZIP CODE —					
L	21. DATE OF ORIGINAL RECORDING: January, 1906	22. ORIGINAL RECORD: Vol. 1844- Page 11 No. 2	23. DPH USE ONLY						
	24. The above corrections with reference to the statement on the reverse of this form have been entered upon the birth records of the City/Town of <b>SOUTHBOROUGH</b> on <b>May 8, 1990</b> and an attested copy of this form sent to the Commissioner of Public Health on <b>May 15, 1990</b> (Month, Day, Year)								
R			PAUL J. BERRY		Clerk or Registrar		TOWN CLERK		
K									

# AFFIDAVIT

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED  
BY WRITTEN EVIDENCE (M.G.L. CHAP. 46)

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of ROSI MARI BIACHI born in the city or town of

(Give name of child exactly as recorded on the original record)

SOUTHBOROUGH \_\_\_\_\_ does not fully and/or correctly state data regarding the name \_\_\_\_\_ of  Child,  Mother,  Father,  Certifier,  
(i.e., name, age, race, etc.)

Other \_\_\_\_\_

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<u>Rose Felicia Aspesi</u>	70 Turnpike Rd. Southborough, MA.	self

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:  
BAPTISMAL CERTIFICATE.

THEN personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: May 08, 1990  
(Month, Day, Year)

Name: Paul J. Berry  
PAUL J. BERRY

Official Designation: TOWN CLERK  
(City or town clerk, assistant clerk, registrar, or notary)

PRINT  
LEGIBLY OR  
TYPE WITH  
PERMANENT  
BLACK INK.  
THIS IS A  
PERMANENT  
RECORD.

# Certificate of Baptism



Church of

St Anne  
Southboro, Mass

← This is to Certify →

That Rose Bianchi  
Child of Peter Bianchi  
and Mary Bina  
born in Italy (CITY) (STATE)  
on the 8th day of January 1906

was Baptized  
on the 12<sup>th</sup> day of April 1906

According to the Rite of the Roman Catholic Church  
by the Rev. James J. Farwell

the Sponsors being { Charles Bina  
Felicia Vespi

as appears from the Baptismal Register of this Church.

Dated April 18, 1968

Thomas Gibney Pastor

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by addition.

See reverse side for affidavit.

1 PLACE OF BIRTH  
 Worcester  
 (County)  
 Southborough  
 (City or Town)



The Commonwealth of Massachusetts

 KEVIN H. WHITE  
 SECRETARY OF THE COMMONWEALTH  
 DIVISION OF VITAL STATISTICS

(City or Town making this return)

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH
 Registered No. #1  
 Deposition No. #25

2 No. ..... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Louise Bertoloni

3 Sex <input checked="" type="checkbox"/> F	4 If plural Births	(a) Twin, triplet or other.....	5 Total number of children born alive previous to this birth.....	6 Date of Birth
3a Color <input checked="" type="checkbox"/> W		(b) Number, in order of birth.....		January 10, 1906 (Month) (Day) (Year)

7 FULL NAME FATHER Caesar Bertoloni

 13 MAIDEN NAME Theresa Repelli  
 PRESENT NAME

 8 RESIDENCE, NO. STREET  
 CITY OR TOWN Southborough Mass.

 14 RESIDENCE, NO. STREET  
 CITY OR TOWN Southborough Mass.

9 COLOR White 10 AGE ..... (YEARS)

15 COLOR White 16 AGE ..... (YEARS)

 11 PLACE OF BIRTH Italy  
 (City or Town) (State or Country)

 17 PLACE OF BIRTH Italy  
 (City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) ..... (Physician, parent or other, etc.)

 ADDRESS NO. ..... ST., .....  
 (City or Town)

20 Original Return Received ..... (Month) (Day) (Year) 21 Original Record: Vol. ..... Page ..... No. .....

 22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
 Town of Southborough, in accordance with the provisions of Gen. Laws,  
 (City or Town) (Name of City or Town)

 Chapter 46, Section 13, this 6th day of January 1967, and a copy of these corrections and affidavit  
 has been transmitted to the Secretary of the Commonwealth.

*Ernest A. Burke*  
 (Registrar)

# DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Louise Chaseri

(Give name of child exactly as recorded on the original record) in the Town of Southborough,  
(city or town) (Name of city or town)

does not fully and correctly state first name and last name incorrect,  
Father's name and mother's name incorrect

Item(s)....., and that the true statement of facts omitted or incorrectly stated in  
said record has been supplied by.....on the form of certificate on the other side of this blank.  
(Him or her)

## SIGNATURE

## RESIDENCE

## Relation to child, if any

(City or town, street and number, if any)

Louise Bartoloni Gilgun 5 Bedley Rd. Lexington Mass.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was: Baptismal certificate

Then personally appeared before me the person whose signature appear above and made oath  
that the statements subscribed to by.....her.....are true.

Date, January 6, 1967

Name Rebecca Burke

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

**MARGIN RESERVED FOR BINDING**

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

# Certificate of Baptism



Church of

St Anne  
Southboro

This is to Certify &

That Louise Bertoloxi

Child of Caesar Bertoloxi

and Theresa Repelli

born in Fayville Mass  
(CITY) (STATE)

on the 10<sup>th</sup> day of January 1906

was Baptized

on the 12<sup>th</sup> day of February 1906

According to the Rite of the Roman Catholic Church  
by the Rev. James J. Tavell

the Sponsors being Felix Ferri  
Melinda Berti

as appears from the Baptismal Register of this Church.

Dated Jan 5, 1967

Thomas J. Kelly  
Pastor

Commonwealth of Massachusetts.

No. 36 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth  
 of Joe Santone Jr. in the town of Southborough  
 (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth,	<u>July 16 1906</u>	Name of father,	<u>Giuseppe Joe Santone</u>
Name of child,	<u>Serafino Santone</u>	Maiden name of mother,	<u>Malloti</u>
Sex,	<u>Male</u>	Residence of parents,	<u>Southborough</u> (at time the birth occurred.)
Color,	<u>White</u>	Occupation of father,	<u>Southborough</u> (at time the birth occurred.)
Condition (twin, &c.),	<u>—</u>	Birthplace of father,	<u>Italy</u>
Place of birth,	<u>Southboro</u>	Birthplace of mother,	<u>Italy</u>

SIGNATURE.

RESIDENCE.  
(City or town, street and number, if any.)

Relation to child, if any.

Thomas Minnucci  
Fayville Mass

Grandfather

Date, May 23 1908

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Char H. Newton Clerk.  
(City or town.)

Southboro Mass.

Recorded Page 16 1906

**PRINT  
LEGIBLY OR  
TYPE WITH  
PERMANENT  
BLACK INK.  
THIS IS A  
PERMANENT  
RECORD.**

PLACE OF BIRTH		1A. COUNTY <b>Worcester</b>	1B. CITY/TOWN <b>Fayville</b>	The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS <b>AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</b>				2A. RETURN MADE BY: <b>Southborough</b>	
C H I L	1C. FACILITY NAME - IF NOT IN FACILITY, NUMBER AND STREET -----					2B. REGISTERED NUMBER <b>26</b>			
	NAME: <b>Leo</b>		3A. FIRST	3B. MIDDLE --	3C. LAST <b>Pessini</b>	2C. DEPOSITION NUMBER <b>A10-1</b>			
D O M O T H	4A. SEX <b>Male</b>	5A. PLURALITY (Specify Single, Twin, etc.) <b>Single</b>	5B. BIRTH ORDER (If not single, (Specify Order, First, Second, etc.) ---	6A. TIME ---	M	6B. DATE OF BIRTH (Month, Day, Year) <b>September 15, 1906</b>			
	4B. RACE <b>White</b>					7D. MAIDEN/BIRTH SURNAME <b>Malchiudi</b>			
E R F A T H E R	NAME: <b>Maria</b>	7A. FIRST ---	7B. MIDDLE ---	7C. LAST <b>Pessini</b>	7D. MAIDEN/BIRTH SURNAME <b>Malchiudi</b>				
	BIRTHPLACE: <b>---</b>	8A. CITY/TOWN ---	8B. STATE/COUNTRY <b>Italy</b>	9. OCCUPATION ---	10. AGE/DATE OF BIRTH ---				
C E R T I F I C E R	RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) ---	11B. CITY/TOWN <b>Fayville</b>	11C. COUNTY ---	11D. STATE <b>MA</b>	11E. ZIP CODE ---	12. COLOR/RACE ---			
	NAME: <b>Antonio</b>	13A. FIRST ---	13B. MIDDLE ---	13C. LAST <b>Pessini</b>	14. COLOR/RACE ---				
R E C O R D E R	BIRTHPLACE: <b>---</b>	15A. CITY/TOWN ---	15B. STATE/COUNTRY <b>Italy</b>	16. OCCUPATION <b>Laborer</b>	17. AGE/DATE OF BIRTH ---				
	18A. TYPE <input type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY	18B. TITLE <input type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER	19A. LICENSE NUMBER ---						
C O R D E R	19. NAME: ---	20A. NO. & STREET ---				20B. CITY/TOWN ---	20C. STATE ---	20D. ZIP CODE ---	
	21. DATE OF ORIGINAL RECORDING: <b>October 18, 1906</b>	22. ORIGINAL RECORD: Vol. --- Page --- No. <b>26</b>	23. DPH USE ONLY				25.		
24.    (CLERK OR REGISTRAR)		25.  <b>October 5, 2010</b> (DATE OF AMENDMENT)							

## AFFIDAVIT

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN  
EVIDENCE (M.G.L. c.46)

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of Lavie Pessini born in the city or town of

(Give name of child exactly as recorded on the original record.)

Southborough

does not fully and/or correctly state data regarding the

First Name

of

Child,

Mother,

Father,

(i.e. name, age, race, etc.)

Certifier,

Other (specify): \_\_\_\_\_

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<u>Patricia A Lagunella</u>	<u>20 Antrim Rd Framingham MA</u>	<u>daughter</u>

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

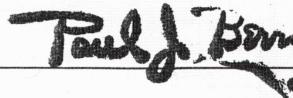
Certified copy of Baptismal certificate on file.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: Oct. 5, 2010

Name: \_\_\_\_\_

(Month, Day, Year)



Official Designation: Town Clerk

(city/town clerk/assistant clerk; state/city registrar; or notary)

PRINT LEGIBLY  
OR TYPE WITH  
PERMANENT  
BLACK INK.  
THIS IS A  
PERMANENT  
RECORD.

PRINT  
LEGIBLY OR  
TYPE WITH  
PERMANENT  
BLACK INK.  
THIS IS A  
PERMANENT  
RECORD.

<b>C</b> <b>H</b> <b>I</b> <b>L</b> <b>D</b> <b>M</b> <b>O</b> <b>T</b> <b>H</b> <b>E</b> <b>R</b> <b>C</b> <b>E</b> <b>T</b> <b>I</b> <b>F</b> <b>I</b> <b>E</b> <b>R</b>	1A. COUNTY <b>Worcester</b>			<b>The Commonwealth of Massachusetts</b> DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS <b>AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</b>					
	1B. CITY/TOWN <b>Fayville</b>			1C. FACILITY NAME - IF NOT IN FACILITY, NUMBER AND STREET -----					
	NAME: <b>Leo</b>			3A. FIRST	3B. MIDDLE	3C. LAST	<b>Pessini</b>		
4A. SEX <b>Male</b>		5A. PLURALITY (Specify, Single, Twin, etc.) <b>Single</b>	5B. BIRTH ORDER (If not single, (Specify Order, First, Second, etc.) ---	6A. TIME ---	M	6B. DATE OF BIRTH (Month, Day, Year) <b>September 15, 1906</b>			
NAME: <b>Maria</b>		7A. FIRST ---	7B. MIDDLE ---	7C. LAST ---	<b>Pessini</b>			7D. MAIDEN/BIRTH SURNAME <b>Malchiudi</b>	
BIRTHPLACE: <b>Italy</b>		8A. CITY/TOWN ---	8B. STATE/COUNTRY ---	9. OCCUPATION ---	10. AGE/DATE OF BIRTH ---				
RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) ---		11B. CITY/TOWN <b>Fayville</b>	11C. COUNTY ---	11D. STATE <b>MA</b>	11E. ZIP CODE ---			12. COLOR/RACE ---	
NAME: <b>Antonio</b>		13A. FIRST ---	13B. MIDDLE ---	13C. LAST <b>Pessini</b>	14. COLOR/RACE ---				
BIRTHPLACE: <b>Italy</b>		15A. CITY/TOWN ---	15B. STATE/COUNTRY ---	16. OCCUPATION <b>Laborer</b>	17. AGE/DATE OF BIRTH ---				
18A. TYPE <input type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY		18B. TITLE <input type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER		19A. LICENSE NUMBER ---					
19. NAME: ---		20A. NO. & STREET ---		20B. CITY/TOWN ---	20C. STATE ---	20D. ZIP CODE ---			
21. DATE OF ORIGINAL RECORDING: <b>October 18, 1906</b>		22. ORIGINAL RECORD: Vol. --- Page --- No. <b>26</b>		23. DPH USE ONLY 25.					
<b>Paul J. Bon</b> <small>(CLERK OR REGISTRAR)</small>									
<b>October 5, 2010</b> <small>(DATE OF AMENDMENT)</small>									

## AFFIDAVIT

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN  
EVIDENCE (M.G.L. c.46)

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of Lavie Pessini born in the city or town of

(Give name of child exactly as recorded on the original record.)

Southborough does not fully and/or correctly state data regarding the  
First Name \_\_\_\_\_ of  Child,  Mother,  Father,

(i.e. name, age, race, etc.)

Certifier,  Other (specify): \_\_\_\_\_

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<u>Patricia A Paganella</u>	<u>20 Antrim Rd Framingham MA</u>	<u>daughter</u>

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

Certified copy of Baptismal certificate on file.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: Oct. 5, 2010 Name: Paul J. Berry  
(Month, Day, Year)

Official Designation: Town Clerk  
(city/town clerk/assistant clerk; state/city registrar; or notary)

PRINT LEGIBLY  
OR TYPE WITH  
PERMANENT  
BLACK INK.  
THIS IS A  
PERMANENT  
RECORD.

Pat - 872-5895



**Town of Southborough, Massachusetts  
United States of America**

**Copy of Birth Record**

From the Records of Births in the Town of Southborough, MA, U.S.A.

1. Date of Birth
2. Full Name of Child
3. Sex, Color, and if Twin
4. Place of Birth
5. Residence of Parents
6. Name of Father
7. Occupation of Father
8. Birthplace of Father
9. Name of Mother (maiden)
10. Occupation of Mother
11. Birthplace of Mother

<b>September 15, 1906</b>	Time: ---
<b>Lavie Pessini</b>	
<b>Male, Single</b>	
<b>Fayville, Massachusetts</b>	
<b>Fayville, Massachusetts</b>	
<b>Antonio Pacinni</b>	
<b>Laborer</b>	
<b>Italy</b>	
<b>Maria Malchiodi</b>	
---	
<b>Italy</b>	

Date of Recording Oct. 18, 1906 Date of Amendment August 30, 1971

*I, Paul J. Berry, depose and say that I hold the office of Town Clerk of the Town of Southborough, County of Worcester, and Commonwealth of Massachusetts; that the records of births required by law to be kept in said Town are in my custody, and that the above is a true copy from the records of births in said Town, as certified by me.*

*Witness my hand and seal of Southborough on October 14, 2009*

Attest:

*Paul J. Berry*  
Paul J. Berry, Town Clerk

# Commonwealth of Massachusetts.

## COPY OF CERTIFICATE OF INTENTIONS OF MARRIAGE.

This form is for the use of the person officiating when the parties to the marriage are not residents of the city or town in which the marriage is solemnized, and is to be filled out, properly executed and returned, to the registrar or clerk of the city or town in which the marriage took place, on or before the tenth day of the month next following. (See law on back of this sheet.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

ILLEGAL ALTERATIONS OR ERASURES ARE PROHIBITED.

### Groom.

Antonio Presini

28 Color, w

Southborough

Leicester

first

(1st, 2d, 3d, etc.)

Italy

Giovanni Presini

Angela Leonardi

### Bride.

Name, Maria Malatiudi

(If a widow or divorced, maiden name also to be given.)

Age, 18 Color, w

Residence, Southborough

Occupation, Domestic

What marriage, first

(1st, 2d, 3d, etc.)

Birthplace, Italy

Name of father, Francesco Malatiudi

Maiden name of mother, Maria Santa Francisca

The intentions of marriage by the parties above-named were duly entered by me in the records

town of Southborough according to law, this

Eighth day of November 1891. 9:00

(Signed) *Clara L. Fairbanks* Clerk.

## Certificate of Marriage.

I am Clerk of Southborough

[City or Town.]

I hereby certify, that the foregoing is a true copy of the Certificate of Intentions of Marriage

Nov 8 1890, by *Southboro Clerk* Clerk

Southboro Massachusetts, and that the parties named therein were joined in marriage

Cardwell this 10 day of Nov 1891.

Signature: *Rev Wm T. Finneran*

Residence, *Cardwell*

Official Station, *6 Choke Street*

A True Copy

Attest:

*Paul J. Barry*

Town Clerk, Southborough

All dates and signatures to be included.

TO BE GIVEN TO  
THE PERSON NATURALIZED

No. 4201658



CERTIFICATE OF  
Petition No. 173801

Personal description of holder as of date of naturalization: Age 67 years; sex male; color white; complexion medium; color of eyes brown; color of hair grey; height 5 feet 5 inches; weight 160 pounds; visible distinctive marks \_\_\_\_\_  
Marital status married; former nationality Italian

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

ORIGINAL

(Complete and true signature of holder)

UNITED STATES OF AMERICA  
DISTRICT OF MASSACHUSETTS

{ss:}

Be it known that ANTONIO PESSINI  
then residing at Central St., Fayville  
having petitioned to be admitted a citizen of the United States of America, and at  
a term of the District Court of The United States

held pursuant to law at Boston on February 15th, 1937  
the court having found that the petitioner intends to reside permanently in the  
United States, had in all respects complied with the Naturalization Laws of the United  
States in such case applicable and was entitled to be so admitted the court thereupon  
ordered that the petitioner be admitted as a citizen of the United States of America.

In testimony whereof the seal of the court is hereunto affixed this 15th  
day of February in the year of our Lord nineteen hundred and  
thirty-seven, and of our Independence the one hundred  
and sixty-first

Seal

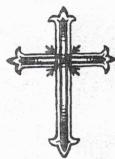
(SECURELY AND PERMANENTLY  
COVER A PORTION OF THE LOWER  
EDGE OF THE PHOTOGRAPH)



Antonio Pessini  
SUBJ TO COVER A PORTION OF THE LOWER  
EDGE OF THE PHOTOGRAPH

James S. Allen  
Clerk of the U. S. District Court  
By \_\_\_\_\_ Deputy Clerk.

# Certificate of Baptism



Church of

Saint Anne

Southborough, Massachusetts

« This is to Certify »

Leo Pessini

That \_\_\_\_\_

Child of Antonio Pessini

and Maria Malchiodi

born in Fayville, MA

on the 15th day of September, 1906

was Baptized

on the 20th day of October, 1906

According to the Rite of the Roman Catholic Church

by the Rev. James Farrell

the Sponsors being Peter Blair

Rose Chella

as appears from the Baptismal Register of this Church.

Dated September 10, 2010

Thomas B. Burke

Pastor

ATTACHMENT B

RETURN THIS FORM TO:

MARY RISER  
DIRECTOR OF REGISTRATION  
REGISTRY OF VITAL RECORDS AND STATISTICS  
470 ATLANTIC AVENUE  
2ND FLOOR  
BOSTON MASSACHUSETTS 02210-2224

DATE: Oct 5, 2010

COMMUNITY OF:

Southborough

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH:

REGISTERED NUMBER APPROVED REJECTED REASON FOR REJECTION

A10-1 #26  [ ] \_\_\_\_\_  
Pessine, Lee

\_\_\_\_\_ [ ] [ ] \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ [ ] [ ] \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ [ ] [ ] \_\_\_\_\_  
\_\_\_\_\_

Any questions regarding these records should be directed to  
individual completing this form at 617/727-0036.

REGISTRY PERSONNEL COMPLETING THIS FORM: M E Tisser

Rossi

J. LOWELL BACON, M. D.  
SOUTHBOROUGH, MASS.

Oct. 31

1922

This to certify that Frank J. Rossi  
was born March 22, 1907, at Fayville  
Mass.

Father, name Peter Rossi Born in Italy.  
Laborer. Father age now 52.

Mother. Angelina Born in Italy.  
Housewife. Mother age now 42.

I attended this birth.

Signed,

J. Lowell Bacon, M.D.  
Southboro Mass.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m-(b)-3-43-11574

1 **PLACE OF BIRTH**  
 Worcester  
 (County)  
 Southborough  
 (City or Town)



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
**AFFIDAVIT AND CORRECTION  
 OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No. ....

Deposition No. # *1* .....

NO..... STREET..... WARD {If birth occurred in a hospital or institution, give its NAME instead of street and number}

2 FULL NAME OF CHILD *Cecelia Louise Gallivan*

3 Sex <b>F</b>	4 If plural Births { (a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN <b>Alive</b>	6 Date of Birth <b>July 31, 1907</b> (Month) (Day) (Year)
----------------	--	---	---

7 FULL NAME <b>Timothy Gallivan</b>	13 MAIDEN NAME <b>Mary Reilley</b>	<b>MOTHER</b>	
	PRESENT NAME <b>Mary Gallivan</b>		

8 RESIDENCE, NO. <b>MARLBORO ROAD</b> (At time of birth or adoption)	STREET	14 RESIDENCE, NO. <b>MARLBORO ROAD</b> (At time of birth or adoption)	STREET
CITY OR TOWN <b>Southborough</b>	STATE <b>Mass.</b>	CITY OR TOWN <b>Southborough</b>	STATE <b>Mass.</b>

9 COLOR OR RACE <b>White</b>	10 AGE AT TIME OF BIRTH OR ADOPTION (Years)	15 COLOR OR RACE <b>White</b>	16 AGE AT TIME OF BIRTH OR ADOPTION (Years)
------------------------------	--	-------------------------------	--

11 PLACE OF BIRTH (City or Town)	<b>Ireland</b> (State or Country)	17 PLACE OF BIRTH (City or Town)	<b>Scotland</b> (State or Country)
-------------------------------------	--------------------------------------	-------------------------------------	---------------------------------------

12 OCCUPATION <b>Mason</b> (At time of birth or adoption)	18 OCCUPATION <b>HOUSEWIFE</b> (At time of birth or adoption)
--	--

19 ATTENDANT AT BIRTH OR INFORMANT <b>THOMAS GALLIVAN - GO FATHER</b> (Name)	<b>MARGARET COULLAHAN - GO MOTHER</b> (Name)
ADDRESS NO.	ST., (City or Town)

20 Original Return Received (Month) (Day) (Year)	21 Original Record: Vol. <b>3</b>	Page <b>13</b>	No. ....
---	-----------------------------------	----------------	----------

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the  
**Town** of **Southborough**, in accordance with the provisions of Gen. Laws,  
 (City or Town)

Chapter 46, Section 13, this **26th** day of **July** **1949** and a copy of these corrections and affidavit  
 has been transmitted to the Secretary of the Commonwealth.

*John J. Rabene*  
 (Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
**LOUISA GALLIVAN** in the Town of **Southborough**,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by **her** on the form of certificate  
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<i>x E. Cecilia L. Gallivan</i>	<i>38 Day St Apt 41</i> <i>W. Somerville</i> <i>Mass</i>	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was:

## CERTIFICATE OF BAPTISM

Date,

*July 18. 1949*

Then personally appeared before me the person whose signature appear above and made  
oath that the statements subscribed to by *her* are true.

Name,

Official designation,

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimated by the marriage of their parents.

# Certificate of Baptism



Church of

St. Anne  
Southboro

This is to Certify

That.....Cecilia Louise Gallivan  
Child of.....Timothy Gallivan  
and.....mary A Reilly  
Born in.....Southboro, mass.....on the  
.....31.....day of.....July.....1907.....was Baptized  
on the.....18.....day of.....August.....1907.....  
According to the Rite of the Roman Catholic Church  
by the Rev.....James J. Farrell.....  
the Sponsors being.....Thomas Gallivan  
and.....margaret Coullahan.....  
As appears from the Baptismal Register of this Church.

Dated.....July 13, 1949

Rev. Patrick E. Long.....Pastor

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

1  
PLACE OF BIRTH  
(CITY OR TOWN)  
*Southborough*



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

*Southborough*  
(CITY OR TOWN MAKING THIS RETURN)

Registered No. *#1-A*  
Deposition No. *#1-A*

NO.

STREET

WARD

{ If birth occurred in a hospital or institution,  
give its NAME instead of street and number

2 FULL NAME OF CHILD

*Ida Smith*

3 Sex

*fe*  
3a Color w

4 (a) Twin, triplet or other *and*

If plural  
Births

(b) Number, in order of birth

5 Born ALIVE or STILLBORN

*alive*

6 Date

of Birth

*May 9, 1907*

(MONTH)

(DAY)

(YEAR)

7

FATHER

FULL NAME

*Nathan F. Smith*

8

RESIDENCE, NO.

STREET

(AT TIME OF BIRTH OR ADOPTION)

CITY OR TOWN *Southborough* STATE *Mass*

9

COLOR OR RACE

*White*

10 AGE AT TIME OF  
BIRTH OR ADOPTION

*38*

(YEARS)

11

PLACE OF BIRTH

*Southborough Mass*

(CITY OR TOWN)

(STATE OR COUNTRY)

12

OCCUPATION

*Laborer*

(AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant

(NAME)

Address No.

*Baton* *M. D.*

(PHYSICIAN, PARENT OR OTHER, ETC.)

*St. Southborough Mass*

(CITY OR TOWN)

20 Original return received

(MONTH)

(DAY)

(YEAR)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

*Clerk*

*Town* of *Southborough*

(NAME OF CITY OR TOWN)

Chapter 46, Section 13, this *day of*  
has been transmitted to the Secretary of the Commonwealth.

19, and a copy of these corrections and affidavit

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of \_\_\_\_\_

} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
*Ida Florence Smith* in the *Town* of *Sudborough*,

(Give name of child exactly as recorded on the original record)

(City or town)

(Name of city or town)

does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by *her* on the form of certificate on the other side of this blank.

(Him or her)

## SIGNATURE

*Angel E Smith*

## RESIDENCE

(City or town, street and number, if any)

*Wilson road*  
*Waltham*

## Relation to child, if any

*Mather*

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

*Mather's Statement*

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by *her* are true.

Name

*Eliza L Longen*

Official designation

*City Clerk Waltham*

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

FORM R-7

20-m-10-38. No. 5193-d

1  
PLACE OF BIRTH  
*no value*  
**(COUNTY)**  
**Southborough**  
**(CITY OR TOWN)**

The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

*Southborough*  
(CITY OR TOWN MAKING THIS RETURN)

Registered No. ....

Deposition No. ....

NO. ....

STREET

WARD

{ If birth occurred in a hospital or institution,  
give its NAME instead of street and number

2 FULL NAME OF CHILD

*Ida Smith*

3 Sex

*he* 4 (a) Twin, triplet or other *one*

3a Color

If plural Births (b) Number, in order of birth

5 Born ALIVE or STILLBORN

*alive*

6 Date

*May 9 1907*

of Birth

(MONTH)

(DAY)

(YEAR)

7 FATHER

FULL NAME

*Nathan F. Smith*

8

RESIDENCE, NO.

STREET

CITY OR TOWN

*Southborough Mass.*

9

COLOR OR RACE

*White*

10

AGE AT TIME OF BIRTH OR ADOPTION

*38 (YEARS)*

11

PLACE OF BIRTH

*Southborough Mass.*

(CITY OR TOWN)

(STATE OR COUNTRY)

12

OCCUPATION

*Laborer*

(AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant

(NAME)

Address No. ....

St.

(PHYSICIAN, PARENT OR OTHER, ETC.)

*Southborough Mass.*

(CITY OR TOWN)

20 Original return received

(MONTH)

(DAY)

(YEAR)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

*Daunth*

(CITY OR TOWN)

*Southborough*

(NAME OF CITY OR TOWN)

, in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this day of

has been transmitted to the Secretary of the Commonwealth.

19

, and a copy of these corrections and affidavit

(REGISTRAR)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of \_\_\_\_\_} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Ida Phoebe Smith in the Town of Southborough (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

**SIGNATURE**

Angie S Smith

**RESIDENCE**

(City or town, street and number, if any)

Nelson Ward  
Wattham

**Relation to child, if any**

Mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Mother's Statement

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name.

Official designation

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

**MARGIN RESERVED FOR BINDING**

## Commonwealth of Massachusetts.

No. 41 #2

## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Henry Favers Fornier (Name of child.) in the town of Southborough (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>September 16-1907</u>	Name of father, <u>George F Fornier</u>
Name of child, <u>George Andrew Pilkington Fornier</u>	Maiden name of mother, <u>Catherine Pilkington</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Boa</u> (at time the birth occurred.)
Condition (twin, &c.), <u>-</u>	Birthplace of father, <u>England</u>
Place of birth, <u>Framingham Mass</u>	Birthplace of mother, <u>Ireland</u>

## SIGNATURE.

George F FornierRESIDENCE.  
(City or town, street and number, if any.)Southborough

## Relation to child, if any.

FatherDate, May 8 - 1931

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Cla. L. Farwell  
(City or town.) Clerk.

Recorded May 9 - 1931Of Southborough Mass.

# Commonwealth of Massachusetts.

No. 44 #1

## DEPOSITION

### CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Joan Mauro in the Town of Southboro, (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth,	<u>Jan. 18, 1908</u>	Name of father,	<u>Pasquale Mauro</u>
Name of child,	<u>Joan Mauro</u>	Maiden name of mother,	<u>Rachel Gorga</u>
Sex,	<u>Female</u>	Residence of parents,	<u>Southboro</u> (at time the birth occurred.)
Color,	<u>white</u>	Occupation of father,	<u>Farmer</u> (at time the birth occurred.)
Condition (twin, &c.),		Birthplace of father,	<u>Italy</u>
Place of birth,	<u>Southboro</u>	Birthplace of mother,	<u>"</u>

#### SIGNATURE.

Pasquale Mauro

#### RESIDENCE.

(City or town, street and number, if any.)

Southborough

#### Relation to child, if any.

Father

Date, October 21-1930

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Clerk. L. Fairbanks

*Clerk.*

(City or town.)

Recorded

Of Southborough

Mass.

**MARGIN RESERVED FOR BINDING**  
**WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD**  
 N. B. This form is not necessary in the return of births received prior to the last day for transmittal of animal  
 returns to this office, except in cases of illegitimate persons by court decree or by adoption  
 See reverse side for affidavit.

<b>PLACE OF BIRTH</b> 1 (County) (City or Town)		<b>The Commonwealth of Massachusetts</b> <b>OFFICE OF THE SECRETARY</b> <b>DIVISION OF VITAL STATISTICS</b>				
		(City or Town making this return) <b>AFFIDAVIT AND CORRECTION</b> <b>OF A RECORD OF BIRTH</b>				
NO. ....		STREET. ....		WARD { If birth occurred in a hospital or institution give its NAME instead of street and number,		
2 FULL NAME OF CHILD		John (Giovanni) Guarnieri				
3 Sex <b>M</b>	4 (a) Twin, triplet or other	5 Born <b>ALIVE</b> or <b>STILLBORN</b>	6 Date of Birth	March 7 1908		
3a Color <b>W</b>	If plural Births (b) Number, in order of birth	alive	(Month)	(Day)	(Year)	
<b>FATHER</b> <b>FULL NAME</b> Ferdinando Guarnieri						
<b>MOTHER</b> <b>MAIDEN NAME</b> Maria Rigori <b>PRESENT NAME</b> Maria Guarnieri						
8 RESIDENCE, NO. (At time of birth or adoption)		STREET				
CITY OR TOWN Southborough		STATE Mass.				
9 COLOR OR RACE	White	10 AGE AT TIME OF BIRTH OR ADOPTION (Years)				
11 PLACE OF BIRTH (City or Town)	Italy	15 COLOR OR RACE	white	16 AGE AT TIME OF BIRTH OR ADOPTION (Years)	Italy	
12 OCCUPATION (At time of birth or adoption)					17 PLACE OF BIRTH (City or Town)	(State or Country)
19 ATTENDANT AT BIRTH OR INFORMANT	Walter A. Shaw M.D.				(Name)	(Physician, parent or other, etc.)
ADDRESS NO.	ST. Southborough				(City or Town)	
20 Original Return Received (Month)	March	15	1908	21 Original Record: Vol.	3	Page 15 No.
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town of Southborough, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 18th day of September 1908, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.						

## DEPOSITION

**WRITE LEGIBLY WITH DURABLE BLACK INK**

The Commonwealth of Massachusetts  
Worcester  
County of ..... } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
Baby Fredinano in the Town of Southborough,  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by him  
(Him or her)  
on the other side of this blank.

## SIGNATURE

## **BESIDENCE**

**RESIDENCE**  
(City or town, street and number, if any)

1 Relation to child, if any

· Giovanni Guarnieri

New York

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Date..... September 18, 1947

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by himself are true.

Name..... Frances E. Raben

Official designation Ass't Town Clerk

Official designation..... (City or town clerk, assistant clerk, or registrar)

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

# Certificate of Baptism



Church of

St. Anne  
Southboro, Mass.

This is to Certify

That John Guarniere

Child of Ferdinand Guarniere

and Maria Rigari

Born in Fayville, Mass. on the

7 day of March 1908 was Baptized

on the 10 day of May 1908

According to the Rite of the Roman Catholic Church

by the Rev. James J. Farrell

the Sponsors being Joseph Rigari

and Maria Rigari

As appears from the Baptismal Register of this Church.

Dated Sept. 18, 1947.

Rev. Patrick E. Long Pastor

## Commonwealth of Massachusetts.

No. ~~2113~~

## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Henry Joseph Baker in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, March 27 - 1908Name of father, Fred L. BakerName of child, Henry Joseph BakerMaiden name of mother, Agnes T. DolanSex, MaleResidence of parents, Southborough  
(at time the birth occurred.)Color, WhiteOccupation of father, Watchman  
(at time the birth occurred.)Condition (twin, &c.), —Birthplace of father, Marlborough Mass.Place of birth, SouthboroughBirthplace of mother, Manchester England

## SIGNATURE.

Fred L. Baker

## RESIDENCE.

(City or town, street and number, if any.)

Southborough Mass.

## Relation to child, if any.

Father

Date,

November 4 - 1925

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Clerk. L. Starbuck

Clerk.

Recorded

Nov. 4 - 1925Of Southborough Mass.

## Commonwealth of Massachusetts.

No. 18#4

## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Charles Michael Fournier in the town of Southborough, (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, Sept 4-1908Name of child, Charles Michael FournierSex, MaleColor, WhiteCondition (twin, &c.), —Place of birth, SouthboroughName of father George F FournierMaiden name of mother, Catherine PilkingtonResidence of parents, Southborough (at time the birth occurred.)Occupation of father, Taylor (at time the birth occurred.)Birthplace of father, EnglandBirthplace of mother, Ireland

## SIGNATURE.

George F FournierRESIDENCE.  
(City or town, street and number, if any.)Southborough

## Relation to child, if any.

FatherDate, May 9 1931

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

C. L. Furbank Clerk.  
(City or town.)

Recorded

Of Southborough Mass.

## MARGIN RESERVED FOR BINDING

FORM R-7

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by act of law. See reverse side for affidavit.

50m-(c)-1-45-15510

## WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

1 PLACE OF BIRTH Worcester  
(County)  
Southborough  
(City or Town)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

NO. .... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Adolph Perini

3 Sex 3a Color	4 If plural Births	(a) Twin, triplet or other (b) Number, in order of birth	5 Born <b>ALIVE</b> or <b>STILLBORN</b> alive	6 Date of Birth (Month)	September 17, 1908 (Day)	(Year)
-------------------	--------------------------	---	--	-------------------------------	-----------------------------	--------

7 FULL NAME	<b>FATHER</b> Luciano Perini		13 MAIDEN NAME	<b>MOTHER</b> Johanna Nardi Perini		
-------------------	---------------------------------	--	----------------------	--	--	--

8 RESIDENCE, NO. CITY OR TOWN	STREET (At time of birth or adoption) Southborough STATE Mass.		14 RESIDENCE, NO. CITY OR TOWN	STREET (At time of birth or adoption) Southborough STATE Mass.		
-------------------------------------	--	--	--------------------------------------	--	--	--

9 COLOR OR RACE	white	10 AGE AT TIME OF BIRTH OR ADOPTION (Years)	15 COLOR OR RACE	16 AGE AT TIME OF BIRTH OR ADOPTION (Years)
-----------------------	-------	--	------------------------	--

11 PLACE OF BIRTH	Italy (City or Town) (State or Country)		17 PLACE OF BIRTH	Italy (City or Town) (State or Country)		
-------------------------	--	--	-------------------------	--	--	--

12 OCCUPATION	Laborer (At time of birth or adoption)		18 OCCUPATION	Housewife (At time of birth or adoption)		
------------------	---	--	------------------	---	--	--

19 ATTENDANT AT BIRTH OR INFORMANT	J. Lowell Bacon, M.D. Latisquama Road (Name)		20 Original Return Received	Sept. 20 (Month)	1908 (Day)	21 Original Record: Vol. 3 Page 16 No.
---------------------------------------	--	--	--------------------------------	---------------------	---------------	---

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town)	of Southborough (Name of City or Town)	, in accordance with the provisions of Gen. Laws,
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Chapter 46, Section 13, this 27th day of December 1953, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

*John J. Bacon*  
(Registrar)

Southborough

(City or Town making this return)

Registered No. ....

Deposition No. #5

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Engin Parini in the Town of Southborough, (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate (Him or her) on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Frank Devine</u>	<u>Southville Rd. Carlton</u>	<u>Brother</u>
.....	.....	.....
.....	.....	.....

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record

Date, December 27, 1953

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name, John J. Gabane

Official designation, Town Clerk  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

# Certificate of Baptism



Church of

St Anne  
Southboro, Mass

• This is to Certify •

That Adolph Perini

Child of Luciano Perini

and Johanna Nardi

born in Southboro (CITY) Mass (STATE)

on the 17 day of Sept 1908

was Baptized

on the 7 day of Feb 1909

According to the Rite of the Roman Catholic Church  
by the Rev. John F. Carroll

the Sponsors being { Antonio Boni  
Palmaria Meradini

as appears from the Baptismal Register of this Church.

Dated Dec 26 1953

Father J. J. Long  
Pastor

P.M.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of illegitimate persons by court decree or by affidavit. See reverse side for affidavit.

50m-(c)-1-45-151510

1 <b>PLACE OF BIRTH</b>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS				Southborough (City or Town making this return)	
		Worcester (County)			AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. ....
NO. ....		STREET. ....		WARD	{ If birth occurred in a hospital or institution, give its NAME instead of street and number}		
2 FULL NAME OF CHILD Adolph Perini							
3 Sex <b>M</b>	4 If plural Births	(a) Twin, triplet or other (b) Number, in order of birth		5 Born <b>ALIVE</b> or <b>STILLBORN</b> <b>alive</b>	6 Date of Birth	September 17, 1908 (Month) (Day) (Year)	
3a Color							
7 <b>FATHER</b> FULL NAME Luciano Perini							
8 RESIDENCE, NO. STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.							
9 COLOR AGE AT TIME OF BIRTH OR RACE white OR ADOPTION (Years)							
10							
11 PLACE AGE AT TIME OF BIRTH OF BIRTH Italy OR ADOPTION (Years)							
12 OCCUPATION Laborer (At time of birth or adoption)							
13 MAIDEN MOTHER NAME Johanna Nardi PRESENT NAME Perini							
14 RESIDENCE, NO. STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.							
15 COLOR AGE AT TIME OF BIRTH OR RACE white OR ADOPTION (Years)							
16							
17 PLACE AGE AT TIME OF BIRTH OF BIRTH Italy OR ADOPTION (Years)							
18 OCCUPATION Housewife (At time of birth or adoption)							
19 ATTENDANT AT BIRTH OR INFORMANT J. Lowell Bacon, M.D. (Name) (Physician, parent or other, etc.) ADDRESS NO. Latisquama Road ST. Southborough (City or Town)							
20 Original Return Received Sept. 20 1908 (Month) (Day) (Year)				21 Original Record: Vol. 3 Page 16 No.			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the TOWN of Southborough, in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town)							
Chapter 46, Section 13, this 27th day of December 1908, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							
John J. Bacon (Registrar)							

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Rogin Parini in the Town of Southborough, (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Frank Perini</u>	<u>/Southville Road, Southboro</u>	<u>Brother</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record

Date, December 27, 1953

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name..... John J. Rabeni.....

Town Clerk

Official designation.....

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

204-11-68-918459

1 PLACE OF BIRTH No.		The Commonwealth of Massachusetts JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		Southborough (City or Town making this return)	
		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. #1 Deposition No. #1	
2 FULL NAME OF CHILD..... Eugene Peter Rossi		STREET .....		WARD {If birth occurred in a hospital or institution, (give its NAME instead of street and number)	
3 Sex M 3a Color W		4 If plural Births { (a) Twin, triplet or other..... (b) Number, in order of birth.....		5 Total number of children born alive previous to this birth.....	
6 Date of Birth May 24, 1909 (Month) (Day) (Year)		7 FATHER FULL NAME Peter Rossi		13 MAIDEN NAME Angela Malchiodi PRESENT NAME Angela Rossi	
8 RESIDENCE, NO. .... STREET		14 RESIDENCE, NO. .... STREET		15 COLOR OR RACE.....	
CITY OR TOWN Fayville STATE Mass.		CITY OR TOWN Fayville STATE Mass.		16 AGE ..... (YEARS)	
9 COLOR OR RACE.....		10 AGE ..... (YEARS)		17 PLACE OF BIRTH Italy	
11 PLACE OF BIRTH Italy		(City or Town) (State or Country)		(City or Town) Italy	
12 OCCUPATION Laborer		18 OCCUPATION		(State or Country)	
19 ATTENDANT AT BIRTH OR INFORMANT..... J. H. Bacon (Name)		Physician (Physician, parent or other, etc.)		Southborough, Mass. (City or Town)	
ADDRESS NO. .... ST.,		21 Original Record: Vol. 1844 Page 17 No. 23			
20 Original Return Received May 27, 1909 (Month) (Day) (Year)		22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town Southborough of....., in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 19th day of February 1974, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.			
				Paul J. Berry, Town Clerk (Registrar)	

# DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of Worcester

{ ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
James Emedo Rossi.....in the....Town.....of....Southborough.....,  
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  
does not fully and correctly state First Name, Middle Name, Last Name

Item(s)..... 2....., and that the true statement of facts omitted or incorrectly stated in  
said record has been supplied by.....on the form of certificate on the other side of this blank.  
(Him or her)

**SIGNATURE**

*Eugenio Peter Rossi*

**RESIDENCE**

(City or town, street and number, if any)

1 Meadow Lane, Southborough

**Relation to child, if any**

**MARGIN RESERVED FOR BINDING**

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Statement on Marriage of Mother & Father CNBL on file. Birth Record of older Brother on file. Notarized Translation of Birth Certificates Italy name, place, & date of Birth on file. Assessors Records Dated May 1, 1903 - Fathers Poll Tax & Property Tax on file. Relation to Mothers Maiden name Italy date of Birth on file. Baptismal Certificate on file.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by.....Him.....are true.

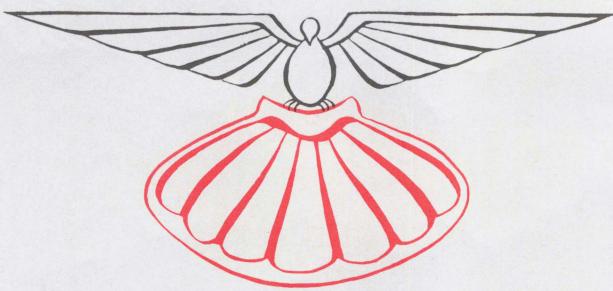
Date, ..... February 19, 1974

Name ..... Paul J. Berry

Official designation ..... Town Clerk

(City or town clerk, assistant clerk, or registrar)

*Paul J. Berry*



# Baptismal Certificate

Eugene Peter Rossi

child of Peter Rossi and  
Angela Malchiodi

born on May 24, 1909

place Southborough, Mass.

was reborn of water and the Holy Spirit as a  
child of God at the Sacred font of Baptism

on October 30, 1909 in

St. Anne's Church  
20 Boston Rd. Southboro, Mass. 01772

by the Reverend James Farrell

Godfather Rocco Renzi

Godmother Antonia Ebilio

issued by *Philip Santonocito* pastor date Feb. 21, 1974



Repubblica Italiana



Comune di VIGOLZONE

## UFFICIO DI STATO CIVILE

### CERTIFICATO DI NASCITA

#### ANNOTAZIONI

La coniugata Malchiodi Angela  
addi 12 gennaio 1896 si maritava in  
Rivergaro con Rossi Pietro come da atto  
di iscritto nel relativo registro. -

Il sottoscritto Ufficiale di Stato Civile del Comune di

VIGOLZONE certifica che dal registro degli atti di nascita  
dell'anno mille ottocento settantasei serie A  
vol. Unico parte I n. 71 risulta che  
nel giorno Venti del mese di giugno  
milleottocentosettantasei è nata  
in Vigolzone

Malchiodi Angela

da fu Antonio  
e da Magistrati Rosa

Rilasciato in carta libera per liquidazione di pensione.

VIGOLZONE, addi 13 SET. 1950

L'UFFICIALE DI STATO CIVILE

Repaccioli



Visto per la legalizzazione della firma del  
Sig. Repaccioli Roberto  
Ufficiale di Stato Civile di Vigolzone.

Rivergaro, addi 15 Settembre 1950

Il Presidente del Tribunale Civile e Penale:

IL PRETORE

(Dott. Ernesto De Benedictis)

E. Ernesto De Benedictis



Reg. Certif.

Repubblica Italiana

Cat. 469 -

COMUNE DI RIVERGARO

PROVINCIA DI Piacenza

UFFICIO DI STATO CIVILE

## CERTIFICATO DI NASCITA

### ANNOTAZIONI

Il sottoscritto Ufficiale dello Stato Civile del Comune

di Rivergaro certifica che dal Registro degli

Atti di Nascita dell'anno mille ottocentonovantasei

volume unico parte I/a serie A N. 158 risulta che nel

giorno ventidue del mese di novembre

mille ottocentonovantasei

è nata in Rivergaro

ROSSI Maria

da Pietro

e da Malchiodi Angela

Rilasciato in carta libera per la liquidazione di pensione

Dall'Ufficio Comunale, li 5 settembre 1950 19



L'UFFICIALE DELLO STATO CIVILE

Visto per la legalizzazione della firma del  
signor Tagliaferri Vittorio  
Ufficiale dello Stato Civile di Rivergaro

(vedi retro = diritti pagati =

Rivergaro, li 5 settembre 1950

IL PRESIDENTE  
del Tribunale Civile e Penale

Il Pretore Il Cancelliere  
(Dott. Ernesto De Benedictis)



Provincia di Piacenza

# Comune di Rivergaro

CERTIFICATO

DI

NASCITA

L'Ufficiale dello Stato Civile

CERTIFICA

che

*Rossi Vittorio*

figlio di

*Pietro della Malchiodi Angelina* è nato

in questo Comune addi

*21 Aprile 1899*

come risulta dall' Atto di Nascita N. 55

Rilasciato in carta libera da bollo per *rospo di lavoro*

Rivergaro, addi *16 Agosto 1912*

L'Ufficiale dello Stato Civile

*Ugolini*



Office of Town Clerk  
Main Street  
Southborough, Mass. 01772  
Att: Mr. Paul Berry - Clerk

Mr. Berry

This statement is to inform you that my efforts to obtain a Marriage Certificate for Pietro (Peter) Rossi and Angela Malchiodi from their home town Rivergaro, Italy cannot be located.

Eugenio P Rossi

Mr. Dolan called: Vital Stat. 9/13/74,

Deposition: No. #1

Middle name & last name of child fine.

Question was mothers maiden name;  
relationship to child.

We have mothers birth Certif. on file.

Mr. Dolan accepted that. It was  
stated on back of Deposition.

In the future Mr. Dolan said:

Photo. Copies should be made of  
documents of Foreign origin and  
translated into English; then  
submitted.

Fannie.

OK

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of illegitimate persons by court decree or by adoption.  
See reverse side for affidavit.

50m-(b)-3-43-11574

1 PLACE OF BIRTH (County) (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		
		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		
NO. ....		STREET. ....		WARD { If birth occurred in a hospital or institution, give its NAME instead of street and number}
2 FULL NAME OF CHILD <i>Ella VanDerzee Washington</i>		3 Sex 4 (a) Twin, triplet or other If plural Births (b) Number, in order of birth		
3a Color		5 Born ALIVE or STILLBORN		
7 FATHER FULL NAME <i>Edwin Orlando Washington</i>		6 Date of Birth <i>March 4<sup>th</sup> 1909</i> (Month) (Day) (Year)		
8 RESIDENCE, NO. <i>Schwo</i> (At time of birth or adoption)		13 MAIDEN NAME <i>Frances Chestnut</i> PRESENT		
CITY OR TOWN <i>Southborough Mass</i>		14 RESIDENCE, NO. <i>Schwo</i> (At time of birth or adoption)		
9 COLOR OR RACE <i>Collowp</i>		15 COLOR OR RACE <i>Collowp</i>		
10 AGE AT TIME OF BIRTH OR ADOPTION <i>29</i> (Years)		16 AGE AT TIME OF BIRTH OR ADOPTION <i>29</i> (Years)		
11 PLACE OF BIRTH <i>New York</i> (City or Town)		17 PLACE OF BIRTH <i>North Carolina</i> - <i>4</i> (City or Town)		
12 OCCUPATION <i>Steward</i> (At time of birth or adoption)		18 OCCUPATION (At time of birth or adoption)		
19 ATTENDANT AT BIRTH OR INFORMANT <i>Dr. L. Lowell Bacon</i> (Name)		(Physician, parent or other, etc.)		
ADDRESS NO. ....		ST. <i>Southborough</i> (City or Town)		
20 Original Return Received (Month) (Day) (Year)		21 Original Record: Vol. .... Page. .... No. ....		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the (City or Town) of <i>19</i> (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <i>19</i> day of <i>June</i> , <i>19</i> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.				
Signature <i>Wm. J. W. D.</i> (Registrar)				

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }  
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Emma Washington in the Town of Southborough, (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

## SIGNATURE

Frances C. Elliott

## RESIDENCE

(City or town, street and number, if any)

3 Whitney St  
Westborough

## Relation to child, if any

mother  
mass -

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Birth record

Date, April 23 1895

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Majie T. W. Densh

Official designation Notary Public  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

ST. MARK'S RECTORY  
SOUTHBOROUGH, MASS.

To whom it may concern:-

This is to certify that the baptism of  
Ella Van Duzee Washington is recorded  
as follows in the Parish Register of  
St. Mark's Church Southborough, Mass.

Place and date of Baptism. St. Mark's Church Southborough  
May 2, 1909

Infant or Adult-	I
Christian name	Ella Van Duzee
Surname	Washington
Place & date of birth.	Southborough, Mass., March 4, 1909
Parents	{ Edwin Orland Washington Frances Chestnut Washington
Sponsors	{ Bertha Jacobs Agnes Van Duzee William Van Duzee

Officiating  
Minister

Henry Goddard.

This is a true copy.

Robert F. Cheney

Rector of St. Mark's Church  
Southborough, Mass.



Commonwealth of Massachusetts.

No. 34#7

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Mary Ermelinda Smith in the twn of Southborough,  
 (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, July 18 - 1909

Name of child, Maria Bertonagzi

Sex, Female

Color, White

Condition (twin, &c.), —

Place of birth, Southborough Mass

Name of father, Louis Bertonagzi

Maiden name of mother, Laura Eastanetti

Residence of parents, —  
 (at time the birth occurred.)

Occupation of father, Laborer  
 (at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.

Louis Bertonagzi

RESIDENCE.  
 (City or town, street and number, if any.)

Relation to child, if any.

Father

Date, January 29-1925

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Am. L. Farbanks  
 (City or town.) Clerk.

Recorded January 29-1925 Of Southborough Mass.

No.

36 #8

## Commonwealth of Massachusetts.

## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth  
 of Joe Sanchioni in the town of Southborough,  
 (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>Sept. 8<sup>th</sup> 1909</u>	Name of father <u>Joe Sanchioni</u>
Name of child, <u>First Joseph Sanchioni</u>	Maiden name of mother, <u>Annunziata</u> <u>Carbone</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>Wh.</u>	Occupation of father, <u>Labors</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Italy</u>

## SIGNATURE.

RESIDENCE.  
(City or town, street and number, if any.)

## Relation to child, if any.

Annunziata SanchioniSouthboroughMotherDate, Sept 21- 1928

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Recorded

Sept 21- 1928Clara L. Farbush  
(City or town.)

Clerk.

Of Southborough

Mass.

Commonwealth of Massachusetts.

No. 41 #5

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_,

(Name of child.)

(City or town.)

(Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, May 13 - 1909

Name of father, Charles Delarda

Name of child, Angelo Delarda

Maiden name of mother, Louisa Busconi

Sex, Male

Residence of parents, South Borough  
(at time the birth occurred.)

Color, White

Occupation of father, Labour  
(at time the birth occurred.)

Condition (twin, &c.),

Birthplace of father, Italy

Place of birth, South Borough

Birthplace of mother, Italy

SIGNATURE.

Louisa + her  
son + Delarda  
March

RESIDENCE.  
(City or town, street and number, if any.)

Cherry St. South Borough

Relation to child, if any.

Mother

Nicolas +  
Daisy Delarda

Date, May 13 - 33

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

C. P. Santucci

Clerk.

(City or town.)

Recorded

May 13 - 33

Of

South Borough

Mass.

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

1  
PLACE OF BIRTH  
Worcester  
(COUNTY)  
Southborough  
(CITY OR TOWN)



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

NO. Central St

STREET

WARD

Registered No.

Deposition No. #4

2 FULL NAME OF CHILD

John Joseph Rabeni

3 Sex <b>M</b>	4 (a) Twin, triplet or other.	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color <b>W</b>	If plural Births (b) Number, in order of birth.	alive	April 6, 1909
			(MONTH) (DAY) (YEAR)

7 FATHER

FULL NAME

Joseph Rabeni

13

MAIDEN NAME

PRESENT NAME

MOTHER

Josephine Aspesi  
Rabeni

8 RESIDENCE, NO.

STREET

CITY OR TOWN

(AT TIME OF BIRTH OR ADOPTION)  
Southborough Mass

STREET

CITY OR TOWN

(AT TIME OF BIRTH OR ADOPTION)  
Southborough Mass.

9

COLOR OR RACE

white

10

AGE AT TIME OF  
BIRTH OR ADOPTION -- (YEARS)

11  
PLACE OF BIRTH

Italy

(CITY OR TOWN)

(STATE OR COUNTRY)

12  
OCCUPATION

laborer

(AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant

Dr. Walter A. Shaw

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

Address No.

St.

Southborough

(CITY OR TOWN)

20 Original return received

April 7 1909  
(MONTH) (DAY) (YEAR)

21 Original Record: Vol. 3

Page 17 No. 17

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

(CITY OR TOWN)

Southborough

(NAME OF CITY OR TOWN)

Chapter 46, Section 13, this 1st day of  
March

March

, in accordance with the provisions of Gen. Laws,

has been transmitted to the Secretary of the Commonwealth.

50

and a copy of these corrections and affidavit

*John J. Rabeni*  
(REGISTRAR)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Worcester

}ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Baby Rabbini in the Town of Southborough, (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE

Josephine Rabbini

RESIDENCE  
(City or town, street and number, if any)

Southborough

Relation to child, if any

mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

family bible record

Date, March 1, 1950

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

John J. Rabbini

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

## Commonwealth of Massachusetts.

No. 32 #1

## DEPOSITION

## CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of John Pescini in the town of Southborough, (Name of child.) (City or town.) (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, January 25 - 1909Name of child, John PesciniSex, MaleColor, White

Condition (twin, &amp;c.),

Place of birth, SouthboroughName of father Antonio PesciniMaiden name of mother, Maria MalchioldiResidence of parents, Southborough (at time the birth occurred.)Occupation of father, Labour (at time the birth occurred.)Birthplace of father, ItalyBirthplace of mother, Italy

## SIGNATURE.

Antonio + PesciniRESIDENCE.  
(City or town, street and number, if any.)Southborough Mass

## Relation to child, if any.

FatherDate, March 15Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by his are true.Chas. L. Farbly

Clerk.

(City or town.)

Recorded Mar. 15 1928Of Southborough

Mass.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-2-62-932278

1 <b>PLACE OF BIRTH</b>		The Commonwealth of Massachusetts	
Worcester (County)		KEVIN H. WHITE SECRETARY OF THE COMMONWEALTH	
Southborough (City or Town)		DIVISION OF VITAL STATISTICS	
		<b>AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</b>	
No. ....		STREET ..... WARD {If birth occurred in a hospital or institution, give its NAME instead of street and number}	
2 FULL NAME OF CHILD.....		Charles Bertoloni	
3 Sex <b>M</b>	4 <b>If plural</b> <input checked="" type="checkbox"/> (a) Twin, triplet or other.....	5 Total number of children born alive previous to this birth.....	6 Date of Birth ..... January 28, 1909 (Month) (Day) (Year)
3a Color <b>W</b>	<input type="checkbox"/> (b) Number, in order of birth.....		
7 <b>FATHER</b> FULL NAME Caesar Bertoloni		13 <b>MOTHER</b> MAIDEN NAME ..... Theresa Repetti PRESENT NAME .....	
8 RESIDENCE, NO. .... STREET CITY OR TOWN ..... Southborough STATE .....		14 RESIDENCE, NO. .... STREET CITY OR TOWN ..... Southborough STATE Mass.	
9 COLOR OR RACE.....	10 AGE ..... (YEARS)	15 COLOR OR RACE.....	16 AGE ..... (YEARS)
11 PLACE OF BIRTH ..... (City or Town)	Italy (State or Country)	17 PLACE OF BIRTH ..... (City or Town)	Italy (State or Country)
12 OCCUPATION ..... Laborer		18 OCCUPATION .....	
19 ATTENDANT AT BIRTH OR INFORMANT..... (Name)		(Physician, parent or other, etc.)	
ADDRESS NO. .... ST., .....		(City or Town)	
20 Original Return Received ..... (Month)	Jan. 30, 1909 (Day)	21 Original Record: Vol. .... Page ..... No. .... (Year)	
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town ..... of ..... Southborough ..... in accordance with the provisions of Gen. Laws, (City or Town)			
Chapter 46, Section 13, this ..... 6th ..... day of ..... January ..... 19 ..... 67, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.			
Teresa > Burke (Registrar)			

# DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts  
County of **Worcester** } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
**Charles Cesaro** ..... in the Town of **Southborough** .....

(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state 1st name incorrect, name of father  
incorrect, spelling of maiden name of mother incorrect

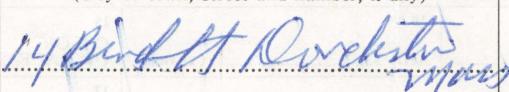
Item(s) **2, 7 & 13** ..... and that the true statement of facts omitted or incorrectly stated in  
said record has been supplied by **him** ..... on the form of certificate on the other side of this blank.  
(Him or her)

## SIGNATURE



## RESIDENCE

(City or town, street and number, if any)



## Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate  
the affidavit was: **Baptismal certificate**

Then personally appeared before me the person whose signature appear above and made oath  
that the statements subscribed to by **him** ..... are true.

Date, **Jan. 6, 1967**

Name **Eleonora T. Burkhart**

Official designation **Town Clerk**

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

# Certificate of Baptism



Church of  
St Anne's  
Saint Louis

→ This is to Certify →

That Charles Bystoloni

Child of Caesar Bystoloni

and Neusa Regelli

born in Tayville (CITY) Mass (STATE)

on the 26<sup>th</sup> day of January 1909

was Baptized

on the 14<sup>th</sup> day of February 1909

According to the Rite of the Roman Catholic Church  
by the Rev. James J. Faurey

the Sponsors being { Charles Rabeni  
Rose Mitchell

as appears from the Baptismal Register of this Church.

Dated Jan 5, 1967

James J. Faurey  
Pastor

# Certificate of Baptism



Church of

St Anne  
Southboro, Mass

— This is to Certify —

That Josephine Bianchi

Child of Peter Bianchi

and Mary Bina

born in Italy (CITY) (STATE)

on the 17<sup>th</sup> day of January 1909

was Baptized

on the 14<sup>th</sup> day of February 1909

According to the Rite of the Roman Catholic Church  
by the Rev. James J. Turell

the Sponsors being { Joseph Bina  
Mary Barber

as appears from the Baptismal Register of this Church.

Dated April 18, 1968

Thomas J. Kelly  
Pastor

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

1 PLACE OF BIRTH Worcester  
(COUNTY)

1 CITY OR TOWN Southborough



The Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS  
AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No. \_\_\_\_\_

Deposition No. #1

NO. \_\_\_\_\_

STREET \_\_\_\_\_

WARD \_\_\_\_\_

{ If birth occurred in a hospital or institution,  
give its NAME instead of street and number }

2 FULL NAME OF CHILD Milorence Lindsay

3 Sex M

4 If plural  
Births (a) Twin, triplet or other. \_\_\_\_\_

3a Color

(b) Number, in order of birth. \_\_\_\_\_

5 Born ALIVE or STILLBORN

6 Date of Birth

alive

June

1

1910

(MONTH) (DAY) (YEAR)

7 FATHER

FULL NAME

Thomas P. Lindsay

MOTHER

Florence Field

8 RESIDENCE, NO. Main Street

STREET

(AT TIME OF BIRTH OR ADOPTION)

CITY OR TOWN Southborough

STATE Mass

STREET

9 COLOR OR RACE White

10

AGE AT TIME OF BIRTH OR ADOPTION 30 (YEARS)

11 PLACE OF BIRTH Medford

S. C. (STATE OR COUNTRY)

12 OCCUPATION Lawyer

(AT TIME OF BIRTH OR ADOPTION)

16 COLOR OR RACE White

15

AGE AT TIME OF BIRTH OR ADOPTION 26 (YEARS)

17 PLACE OF BIRTH Chicago

2. Illinois (STATE OR COUNTRY)

18 OCCUPATION Housewife

(AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant Dr. J. Lowell Baer

(NAME)

(PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. \_\_\_\_\_

St. \_\_\_\_\_

Southborough Mass  
(CITY OR TOWN)

20 Original return received

(MONTH) (DAY) (YEAR)

21 Original Record: Vol. 3

Page 20 No. \_\_\_\_\_

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the \_\_\_\_\_

\_\_\_\_\_ of  
(CITY OR TOWN)

(NAME OF CITY OR TOWN)

, in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this \_\_\_\_\_ day of \_\_\_\_\_  
has been transmitted to the Secretary of the Commonwealth.

19

, and a copy of these corrections and affidavit

(REGISTRAR)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts  
County of Boston } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Florence Lindsay in the Ton of Southborough  
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate (Him or her) on the other side of this blank.

SIGNATURE

Florence Tieto Lindsay Southborough Mass Mother  
Knowledge furnished by Leontine

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Date, June 26<sup>th</sup> 1941

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by \_\_\_\_\_ are true.

Name \_\_\_\_\_

Official designation \_\_\_\_\_

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

1 **PLACE OF BIRTH** Worcester  
(County)  
Southborough  
(City or Town)



The Commonwealth of Massachusetts  
**JOSEPH D. WARD**  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

**AFFIDAVIT AND CORRECTION  
OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No. ....

Deposition No. #28 #2

No. .... STREET ..... WARD { (If birth occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME OF CHILD. **Dominic Rossi**

3 Sex <b>M</b>	4 If plural Births { (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color <b>W</b>	(b) Number, in order of birth.		September 27, 1910
			(Month) (Day) (Year)

7 FULL NAME	<b>FATHER</b>		
Francisco (Frank) Rossi			
8 RESIDENCE, NO.	STREET		
(At time of birth or adoption)			
CITY OR TOWN <b>Southborough</b>	STATE <b>Mass.</b>		

9 COLOR OR RACE <b>White</b>	10 AGE AT TIME OF BIRTH OR ADOPTION	STREET	
	(YEARS)	(At time of birth or adoption)	
		CITY OR TOWN <b>Southborough</b> STATE <b>Mass.</b>	

11 PLACE OF BIRTH <b>Italy</b>	12 OCCUPATION <b>Laborer</b>	13 MAIDEN NAME	<b>MOTHER</b>
(City or Town)	(At time of birth or adoption)	PRESENT NAME	Constantina Libelli

14 RESIDENCE, NO.	STREET		
(At time of birth or adoption)			
CITY OR TOWN <b>Southborough</b>	STATE <b>Mass.</b>		
15 COLOR OR RACE <b>White</b>	16 AGE AT TIME OF BIRTH OR ADOPTION	STREET	
	(YEARS)	(At time of birth or adoption)	
		CITY OR TOWN <b>Italy</b> (State or Country)	

17 PLACE OF BIRTH <b>Italy</b>	18 OCCUPATION	STREET	
(City or Town)	(At time of birth or adoption)	(At time of birth or adoption)	

19 ATTENDANT AT BIRTH OR INFORMANT	(Name)	(Physician, parent or other, etc.)
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ADDRESS NO.	ST.,	(City or Town)
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20 Original Return Received	<b>Oct. 1, 1910</b>	21 Original Record: Vol. .... Page ..... No. ....
(Month)	(Day)	(Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town <b>Southborough</b> of. (Name of City or Town)
(City or Town)

Chapter 46, Section 13, this **11th** day of **October** **1910**, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

*Eleonora Rinker* (Registrar)

# DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

## The Commonwealth of Massachusetts

SS.:

County of....Worcester.

The undersigned, being duly sworn, depose and say that the record relating to the birth of  
**Dominic Rossi**.....in the.....Town.....of.....Southborough.....,  
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)  
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts  
omitted or incorrectly stated in said record has been supplied by.....**him**.....on the form of certificate  
(Him or her)  
on the other side of this blank.

## SIGNATURE

Domini Rosi

**RESIDENCE**  
(City or town, street and number, if any)

10 Samson Drive,  
Westboro, Mass.

**| Relation to child, if any**

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: **Baptismal certificate**

Date, October 11, 1968

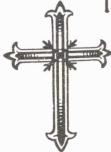
Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Leona + Burke  
Official designation Town Clerk  
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

# Certificate of Baptism



Church of

St. Anne  
Southboro, Mass.

— This is to Certify —

That Dominic Rossi

Child of Francisco Rossi

and Constantina Libelli

born in Southboro (CITY) Mass. (STATE)

on the 27<sup>th</sup> day of September 1910

was Baptized

on the 20<sup>th</sup> day of November 1910

According to the Rite of the Roman Catholic Church  
by the Rev. James Farrell

the Sponsors being } Dominic Mitchell  
{} Delina Rossi

as appears from the Baptismal Register of this Church.

Dated October 11, 1968

Rev. David A. Holley  
Asst. Pastor